2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012483 1. Entity Name S. & A. TRUCKING, INC. Principal Place of Business Mailing Address 541 SOUTH STATE HOAD 7 STE. 1 541 SOUTH STATE ROAD 7 STE. 1

FILED Jun 06, 2000 8:00 am Secretary of State 05-15-2000 90314 003 ***150.00

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Tamarac, FL 33321				å FI	Fl Neimber - 00 - 0	, -	Applied For	
	(7	El Numb - 0893271	,	Not Applicable	
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	6. Name and Address of Current	Registered Agent		7. N	lame and Address of New Regist	ared Agent		
		•	Name					
YOUNG, SANDRA			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	N.W. 6TH COURT							
FOR	T LAUDERDALE FL 33311	,						
			City		1	FL Zip Co	ode	
	·				<u> </u>	FL	· .	
8. The above	named entity submits this statement to	or the purpose of changing its	registered office or regis	tered age	ent, or both, in the State of Florida.		1	
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SIGNATURE .			<u></u>			DATE		
<u> </u>	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered Agent signature requ	neg when ren	instating)			
9This.corpo	oration is eligible to satisfy its Intangible	FILE NOW!	!! FEE IS \$150.00	-	10. Election Campaign Financin	a \$5	.00 May Be	
Tax filing r	equirement and elects to do so.	After MAY 1, 20	88 Fee will be \$550:00		Trust Fund Contribution:		led-to-Fees	
(288 Cuter	ia on back)		le to Department of S		NEW TO DESIGN	ALE DIDECTO	TO 161-44-893-2-2-	
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45 15 5	and the theory information are all and with	n this filing does not qualify for	the exemption stated in	Section 1	119 07(3)(i) Florida Statutes I furth	er certily that the	e information	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if								
of the cor	poration or the receiver of trustee emp or on an attachment with an address,	owered to execute this report	as required by Chapter of	ou/, Floric	oa statutes; and that my hame app	5837	247	
or idingou	10.00	11			(L27-m)	Fay Ol	11-0012	
SIGNAT	TURE: YHWYN	Ja Volum			T0100	177 11	1 7 11	
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Clate	Daytime Phone	*	