APR-26-01 THU 12:58 PM WANDA D TYUS CPA

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90405 033 ***150.00

C0068719

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000015279

1. Entity Name: A+V TRUCKING OF NW FL DBA A+V TRUCKING

Principal Place of Business: 2960 CHANCE RD MOLINO FL 32577

Mailing Address: P.O. BOX 14 CANTONMENT, FL 32533

2. Principal Place of Business: 2960 CHANCE RD
Suite, Apt. #, etc.:

3. Mailing Address: P.O. BOX 14
Suite, Apt. #, etc.:

City & State: MOLINO FL
Zip: 32577 Country: ESCAMBIA

City & State: CANTONMENT FL
Zip: 32533 Country: ESCAMBIA

4. FEI Number: 59-3597332 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
A+V TRUCKING
2960 CHANCE RD
MOLINO, FL 32577

7. Name and Address of New Registered Agent:
Name: A+V TRUCKING
Street Address (P.O. Box Number is Not Acceptable): 2960 CHANCE RD
City: MOLINO FL Zip Code: 32577

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Tracy Chance 4-27-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
OWNER ALBERT R. CHANCE 2950 CHANCE RD MOLINO FL 32577	☐
OWNER GREG VORNHOLT HANDY RD CANTONMENT FL 32533	☐
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

CR2E034 (11/00)

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 or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tracy Chance 150.00 OFFICE
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR THE DIRECTOR

$150.00