


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90236 038 ***150.00

DOCUMENT # <u>P99000015279</u>	
1. Entity Name <u>A&V TRUCKING OF NW FL DBA</u> <u>A&V TRUCKING INC.</u>	

DO NOT WRITE IN THIS SPACE

94074761

2. Principal Place of Business <u>5533 Hwy 29 N</u> Suite, Apt. #, etc.	3. Mailing Address <u>5533 Hwy 29 N</u> Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State <u>MOLINO FL</u>	City & State <u>MOLINO FL</u>
Zip <u>32577</u>	Country <u>ESCAMBIA</u>

4. FEI Number <u>593597332</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name <u>Spiegel & Utrera, P.A.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1840 Coral Way, 4th Floor</u>	
City <u>FL</u>	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Onacy Chanue (NOTE: Registered Agent signature required when reinstating) DATE 4/26/04

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>GREG VORNHOLT / PRESIDENT</u> <u>245 SANTA ROSA RD</u> <u>CANTONMENT FL 32533</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RAY CHANUE / VICE PRES</u> <u>2950 CHANCE RD</u> <u>MOLINO FL 32577</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Onacy Chanue 4/26/04 850-587-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)