

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

DOCUMENT # **PA9000015279**

1. Entity Name

A & V TRUCKING OF NW FL INC



FILED

09 MAY 22 AM 11:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5533 HWY 29 N

Suite, Apt. #, etc.

3. Mailing Address

5533 HWY 29 N

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MOLINO FL

City & State

MOLINO FL

4. FEI Number

593597332

Applied For

Not Applicable

Zip

32577

Country

Escambia

Zip

32577

Country

Escambia

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name **Spiegel & Utrera, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way, 4th Floor

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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

500156315545

05/22/09--01010--016 **150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D Chance Albert R.
2950 Chance rd
Molino FL 32577**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D Vornholt, Gregory L
245 Santa Rosa Blvd
Cantonment FL 32533**

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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:

Diacy Chanue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-09 850.587.3800

DATE

Daytime Phone #

CR2E034B (12/02)

5/26/09