

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019380

1. Entity Name
727 TRUCKING, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90012 023 ***550.00

Principal Place of Business

624 RIVERSIDE RD.
N. PALM BEACH FL 33408

Mailing Address

624 RIVERSIDE RD.
N. PALM BEACH FL 33408

2. Principal Place of Business

5445 Ulmerton Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 17361
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3567495

Applied For

Not Applicable

Zip

33760

Country

USA

Zip

33762

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE., SUITE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

JAMES R. COUGHLIN

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

5445 Ulmerton Road

City

CLEARWATER

FL

Zip Code

33760

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

James R. Coughlin, President 9-11-00

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GOWER, ANNE	
STREET ADDRESS	624 RIVERSIDE RD.	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES R. COUGHLIN	
STREET ADDRESS	5018 BRIDGEPORT DR	
CITY-ST-ZIP	SATELY HARBOR, FL 334695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

James R. Coughlin, President 9-11-00
727-561-0052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)