

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019482

1. Entity Name
ULFIG TRUCKING, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90019 036 ***550.00

Principal Place of Business

5420 25TH PLACE S.W.
NAPLES FL 34116

Mailing Address

5420 25TH PLACE S.W.
NAPLES FL 34116

2. Principal Place of Business

5420 25TH PLS W
Suite, Apt. #, etc.

3. Mailing Address

Same as above
Suite, Apt. #, etc.

City & State

Naples FL

City & State

4. FEI Number

593573419

Applied For

Not Applicable

Zip

34116

Country

USA

Zip

Country

Other

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELDEN, CHRISTIAN B
GULF COAST NATIONAL BANK
3838 TAMiami TRAIL NORTH #416
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

April D. Ulfig

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

(NOTE: Registered Agent signature required when reinstating)

7/23/00
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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME ULFIG, MICHAEL D
STREET ADDRESS 5420 25TH PLACE S.W.
CITY-ST-ZIP NAPLES FL 34116

☐ Delete

TITLE D
NAME ULFIG, APRIL L
STREET ADDRESS 5420 25TH PLACE S.W.
CITY-ST-ZIP NAPLES FL 34116

☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #