

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90008 039 \*\*\*150.00

**DOCUMENT # P99000021392**

1. Entity Name

**HOLLY ONE TRUCKING, INC.**

Principal Place of Business

**126 JERNIGAN ST.  
 INTERLACHEN FL 32148**

Mailing Address

**126 JERNIGAN ST.  
 INTERLACHEN FL 32148**

*Ralph W Fox*

*Holly One Trucking Inc*

2. Principal Place of Business

*Holly One Trucking Inc*

3. Mailing Address

*PO Box 5447*

Suite, Apt. #, etc.

*2476 Weymouth ST*

Suite, Apt. #, etc.

*PO Box 5447*

City & State

*Lake Worth FL*

City & State

*Lake Worth FL*

Zip

*33461*

Country

*Palm Beach*

Zip

*33466*

Country

*Palm Beach*

6. Name and Address of Current Registered Agent

**FOX, RALPH W  
 126 JERNIGAN ST.  
 INTERLACHEN FL 32148**

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

*Caroline E Fox* Secretary

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

(NOTE: Registered Agent signature required when reinstating)

*January 15, 2002*

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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	PD	<input type="checkbox"/> Delete
NAME	FOX, RALPH W	
STREET ADDRESS	126 JERNIGAN ST.	
CITY-ST-ZIP	INTERLACHEN-FL 32148	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOX, MARK B	
STREET ADDRESS	126 JERNIGAN ST.	
CITY-ST-ZIP	INTERLACHEN-FL 32148	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOX, CAROLINE E	
STREET ADDRESS	126 JERNIGAN ST.	
CITY-ST-ZIP	INTERLACHEN-FL 32148	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph W Fox	
STREET ADDRESS	2476 Weymouth ST	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fox, Mark B.	
STREET ADDRESS	5095 Adie CT.	
CITY-ST-ZIP	Boynton Beach Florida 33437	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fox Caroline E	
STREET ADDRESS	2476 Weymouth ST	
CITY-ST-ZIP	LAKE WORTH FL 33461	
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:

*Ralph W Fox*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01-15-02 561 963 3990*  
 Date Daytime Phone #

CR2E034 (9/01)