2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
01-26-2001 90082 048 ***150.00

C0009453

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000022600

1. Entity Name
FREEPORT TRUCKING INC

Principal Place of Business	Mailing Address
15086 BAILEY HILL RD BROOKSVILLE FL 34614	15086 BAILEY HILL RD BROOKSVILLE FL 34614

2. Principal Place of Business	3. Mailing Address
12397 Spreading Oak Dr.	12397 Spreading Oak Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill, FL.	City & State: Spring Hill, FL
Zip: 34609 Country: USA	Zip: 34609 Country: USA

4. FEI Number 59-3570662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BONANO, EUGENE
15086 BAILEY HILL RD
BROOKSVILLE FL 34614

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BONANO, EUGENE		NAME		
STREET ADDRESS	15086 BAILEY HILL RD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34614		CITY-ST-ZIP		
TITLE	VSD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	BONANO, FLORENCE P		NAME		
STREET ADDRESS	15086 BAILEY HILL RD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34614		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: Eugene Bonano 1-15-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #