2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90029 034 ***150.00

DOCUMENT # P99000023600

1. Entity Name

T & B TRUCKING, INC. OF LAKE PLACID

DO NOT WRITE IN THIS SPACE

54011267

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2. Principal Place of Business	3. Mailing Address
941 ARBUTUS ROAD	941 ARBUTUS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE PLACID, FLA	City & State: LAKE PLACID FLA.
Zip: 33852-8027 Country: USA	Zip: 33852-8027 Country: USA

4. FEI Number: 65-0912678 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: TROY BALL

Street Address (P.O. Box Number is Not Acceptable): 945 ARBUTUS AVE.

City: LAKE PLACID **FL** Zip Code: 33825

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P, D, S, T,
NAME	TROY BALL
STREET ADDRESS	945 ARBUTUS AVE.
CITY-ST-ZIP	LAKE PLACID, FLA. 33825
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Troy Ball 1/4/04 863-699-0695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TROY BALL