

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000028595**

1. Entity Name

MANSINGH TRUCKING INC.*R***FILED****Jul 20, 2000 8:00 am**
Secretary of State

07-20-2000 90025 019 ***158.75

Principal Place of Business

**2507 PARKER AVENUE
FORT MYERS FL 33905**

Mailing Address

**2507 PARKER AVENUE
FORT MYERS FL 33905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0909436

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MANSINGH, KRISTI R
2507 PARKER AVENUE
FORT MYERS FL 33905**

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

Signature, typed or printed name of registered agent and title 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete
NAME **MANSINGH, KRISTI**
STREET ADDRESS **2507 PARKER AVENUE**
CITY-ST-ZIP **FORT MYERS FL 33905**TITLE **Owner/President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **MANSINGH, JOHN**
STREET ADDRESS **2507 PARKER AVENUE**
CITY-ST-ZIP **FORT MYERS FL 33905**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: KRISTI R. Mansingh July 3, 2000 941-683-9075

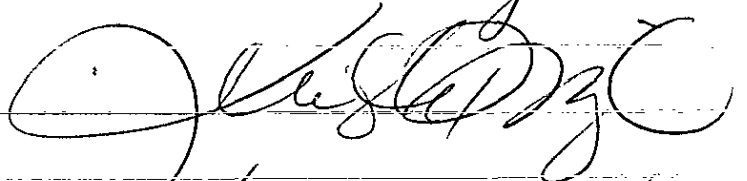
Attachment
DHP99000028595
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July 16, 2000

To whom it may concern,

I had called and talked to someone and let them know I did not receive anything in January on this and they told me to write a check for \$150.00 and send a letter explaining what happened. I have had a lot of problems receiving my mail and my outgoing mail. But things in the last month with my mail have improved and I will receive it. I have already spoken with the postal office and they assured me I wouldn't have anymore problems. Any ~~more~~ question you may call me at 944-693-9075

Thank you



Kristi R. Mansingh
owner/President
of Mansingh Trucking