

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90008 021 ***150.00

30070300



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000030126

1. Entity Name

B&T TRUCKING OF CROSS CITY INC.

Principal Place of Business

Mailing Address

HC BOX 519
OLD TOWN FL 32680HC BOX 519
OLD TOWN FL 32680

2. Principal Place of Business

3. Mailing Address

HC 3 Box 519

HC 3 Box 519

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Old Town Fla

City & State

Old Town Fla

Zip

32680

Country

Dixie

Zip

32680

Country

Dixie

4. FEI Number

59 3564428

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDER, LINDSEY
109 BARBER AVE
CROSS CITY FL 32628

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 President ☐ Delete
NAME Green C. Fowice Sr. (Buddy)
STREET ADDRESS HC 3 Box 519
CITY-ST-ZIP Old Town Fla 32680TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ~~Do Books Secretary~~ ☐ Delete
NAME Teresa Fowice
STREET ADDRESS HC 3 Box 519
CITY-ST-ZIP Old Town Fla 32680TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

352 498-5157

Daytime Phone #