2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P99000034605** T. CANNONE AND SON TRUCKING, INC. 04-27-2000 90027 024 ***150.00 Principal Place of Business Mailing Address 180 S.E. 20 AVENUE. #203 180 S.E. 20 AVENUE. #203 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441-4572 240 1.39 Hilly of though Beyone 2. Principal Place of Business' 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANNONE, ANGELINA Street Address (P.O. Box Number is Not Acceptable) 180 S.E. 20 AVENUE, #203 J-4 (. **DEERFIELD BEACH FL 33441** City Zia 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. 4/11/00 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 -> -Trust Fund Contribution. Added to Fees Make Check Payable to Department of State____ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition □ Delete TITLE CANNONE. NICHOLAS NAME NAME STREET ADDRESS 180 SE 20TH AVE. #203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Addition Delete TITLE 🔲 Change NAME CANNONE, GEATANO NAME STREET ADDRESS 180 SE 20TH AVE. #203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 Delete TITLE Change * Addition TITLE NAME CANNONE, ANGELIA NAME STREET ADDRESS 180 SE 20TH AVE. #203 STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 DEERFIELD BEACH FL 33441 Change Delete Addition TITLE -TITLE CALICK, ASSUNTA NAME NAME STREET ADDRESS STREET ADDRESS 180 SE 20TH AVE. #203 S 7 8: CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplieriental 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 of 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 appowered.

FILED