

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90037 022 \*\*\*150.00

**DOCUMENT # P99000039956**

1. Entity Name  
**BROCK TRANSPORT, INC.**

Principal Place of Business      Mailing Address

5605 HILLSBOROUGH ST.      5605 HILLSBOROUGH ST.  
 WIMAUMA FL 33598      WIMAUMA FL 33598-3221



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

*5605 Hillsborough St.*      *SAME*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*WIMAUMA FL*      *WIMAUMA FL*

Zip      Country      Zip      Country

*33598*      *Hillsborough*      *33598*      *USA*

4. FEI Number      Applied For

*59-3573784*       Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLZWORTH, JAY B**  
 5605 HILLSBOROUGH ST.  
 WIMAUMA FL 33598

7. Name and Address of New Registered Agent

Name *HP Brock JR*

Street Address (P.O. Box Number is Not Acceptable) *5605 Hillsborough St.*

City *WIMAUMA*      FL      Zip Code *33598*

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 *HP Brock JR*      *HP Brock Jr*      DATE *2-3-2000*

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS HOLZWORTH, JAY B 3236 27TH PKWY SARASOTA FL 34235 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROCK, H P 5605 HILLSBOROUGH ST. WIMAUMA FL 33598 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BROCK, H P 5605 Hillsborough St Wimauma, Fla 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brock, Valerie J 5605 Hillsborough St Wimauma, FL 33598
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *HP Brock Jr*      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)