

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90077 007 ***150.00

DOCUMENT # P99000048339

1. Entity Name

ALL COUNTY LIFTING & HAULING INC.

Principal Place of Business

Mailing Address

**5322 EDHAM ROAD
 W. PALM BEACH FL 33415**

**5322 EDHAM ROAD
 W. PALM BEACH FL 33415-1736**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5322 Edham Dr.
 Suite, Apt. #, etc.

5322 Edham Dr.
 Suite, Apt. #, etc.

City & State

City & State

West Palm Bch, FL

West Palm Bch, FL

Zip

Country

Zip

Country

33415

U.S.A.

33415

U.S.A.

4. FEI Number

Applied For

65-0923851

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

**HOVER, KEVIN
 5322 EDHAM ROAD
 W. PALM BEACH FL 33415**

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 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 **PSTD** ☐ Delete
 NAME **HOVER, KEVIN**
 STREET ADDRESS **5322 EDHAM ROAD**
 CITY-ST-ZIP **W. PALM BEACH FL 33415**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: Kevin M. Hover **4-22-00 (56) 684-1750**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)