

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050828

1. Entity Name

C & T TRUCKING INC.

Principal Place of Business

2181 GISH LANE  
N. FT. MYERS FL 33917

Mailing Address

2181 GISH LANE  
N. FT. MYERS FL 33917-1605

2. Principal Place of Business

P O BOX 51346

Suite, Apt. #, etc.

3. Mailing Address

P O BOX 51346

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FT MYERS FL

4. FEI Number

35-2041986

Applied For

Not Applicable

Zip

33994

Country

LEE

Zip

33994

Country

LEE

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

Name

HOWARD COX

Street Address (P.O. Box Number is Not Acceptable)

4871 DR MLK JR BLVD

City

FT MYERS

FL

Zip Code

33905

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	D	<input type="checkbox"/> Delete
NAME	COX, HOWARD	
STREET ADDRESS	2181 GISH LANE	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRACEY, SCOTT	
STREET ADDRESS	2181 GISH LANE	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, MARY	
STREET ADDRESS	2181 GISH LANE	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Mary Cox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00

Date

941-332-2032

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90041 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE