

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90037 044 \*\*\*150.00

DOCUMENT # P 99 0000 50906

1. Entity Name

TRIPLE "H" TRUCKING, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2306 SAN DIEGO AVE.

3. Mailing Address

2306 SAN DIEGO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

City & State

FT. PIERCE, FL

4. FEI Number

65-0925331

Applied For

Not Applicable

Zip

34946

Country

UNITED STATES

Zip

34946

Country

UNITED STATES

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PINKIE HENDLEY

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

2306 SAN DIEGO AVE

City

FT. PIERCE

FL

Zip Code

34946

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	HENRY SNEAD
STREET ADDRESS	6028 INDRIO ROAD, # M4
CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	SECRETARY
NAME	PINKIE HENDLEY
STREET ADDRESS	2306 SAN DIEGO AVENUE
CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	VICE PRESIDENT
NAME	ROBERT HENDLEY III
STREET ADDRESS	860 4TH LANE
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	TREASURER
NAME	JEROME HENDLEY
STREET ADDRESS	2306 SAN DIEGO AVENUE
CITY-ST-ZIP	FORT PIERCE, FL 34946
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

*Pinkie W. Hendley*

PINKIE W. HENDLEY 4-12-04 772-465-1102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)