

2000 UNIFORM BUSINESS REPORT (UBR)

lof2

DOCUMENT # P99000051235

1. Entity Name

C.A.C. TRUCKING, INC.

FILED

00 JUL 14 AM 11:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

11405 NEST CT.
PORT RICHEY FL 34668

Mailing Address

11405 NEST CT.
PORT RICHEY FL 34668-2031

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

59-3576532

Applied For

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

SHUMAN, CHARLES R
11405 NEST CT.
PORT RICHEY FL 34668

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVPS
SHUMAN, CHARLES R
11405 NEST CT.
PORT RICHEY FL 34668

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003335098--6
-07/25/00--01055--016
****150.00 ****150.00

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
TD
SHUMAN, CHARLES R
11405 NEST CT.
PORT RICHEY FL 34668

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CITY-ST-ZIP

☐ Change ☐ 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 lines empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/00 (727) 862-5029
Date Daytime Phone #

KE

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July 3, 2000

Dear Sir;

Enclosed you will find a check
for my 2000 USK. I realize that this is
late, I have been unable to take care
of any of my personal business due to the
fact of a major illness in the family. I
have been day and night at the hospital
for my father. I due hope you will be
able to accept my check and paperwork.
I appreciate any help that you are
able to extend to me.

Thank You -
Gloria Luman