

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P99000051767**

1. Entity Name

**CAPITAL CITY PIPES TRUCKING AND TRANSPORTATION C**

**FILED**

**00 MAR -3 PM 4:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**1872 MILL STREET  
TALLAHASSEE FL 32310**

**1872 MILL STREET  
TALLAHASSEE FL 32310-0206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILLIAM, LEE  
1872 MILL STREET  
TALLAHASSEE FL 32310**

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: **P**  Delete  
NAME: **GILLIAM, LEE**  
STREET ADDRESS: **1872 MILL STREET**  
CITY-ST-ZIP: **TALLAHASSEE FL 32310**

TITLE: **CEO**  Delete  
NAME: **GILLIAM, LEE**  
STREET ADDRESS: **1872 MILL STREET**  
CITY-ST-ZIP: **TALLAHASSEE FL 32310**

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

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

TITLE:  Delete  
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STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

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

TITLE:  Change  Addition  
NAME: **500003161315-6**  
STREET ADDRESS: **-03/07/00--01102--003**  
CITY-ST-ZIP: **\*\*\*150.00 \*\*\*150.00**

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

TITLE:  Change  Addition  
NAME: **VP. Williams, Thelma S.**  
STREET ADDRESS: **8850 Celia Road**  
CITY-ST-ZIP: **Tallahassee, FL 32310**

TITLE:  Change  Addition  
NAME: **ST Session, Tomeka**  
STREET ADDRESS: **2806 Sweetbriar Drive**  
CITY-ST-ZIP: **Tallahassee, FL 32312**

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

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RENEE GILLIAM**

**3-3-00**

Date

**850-574-3717**

Daytime Phone #

CR2F034 (9/99)