

# 2001 UNIFORM BUSINESS REPORT (UBR)

0460442

DOCUMENT # P99000051767

1. Entity Name

CAPITAL CITY PIPES TRUCKING AND TRANSPORTATION C

FILED

01 JAN 23 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1872 MILL STREET TALLAHASSEE FL 32310	Mailing Address 1872 MILL STREET TALLAHASSEE FL 32310
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2. Principal Place of Business 3919B WOODVILLE HWY Suite, Apt. #, etc. NONE	3. Mailing Address 8030 HWY 77 N Suite, Apt. #, etc. NONE
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City & State TALLAHASSEE FL 32310	City & State SOUTHPORT FL 32409
Zip 32310	Zip 32409
Country USA	Country USA

4. FEI Number 59-3584262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GILLIAM, LEE 1872 MILL STREET TALLAHASSEE FL 32310
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7. Name and Address of New Registered Agent Name LEE ANN TREVETHAN Street Address (P.O. Box Number is Not Acceptable) 8030 HWY 77 N City SOUTHPORT FL Zip Code 32409
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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 LEE ANN TREVETHAN, CEO <i>Lee Ann Trevethan</i> JAN. 16, 2001 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLIAM, LEE 1872 MILL STREET TALLAHASSEE FL 32310 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GILLIAM, LEE 1872 MILL STREET TALLAHASSEE FL 32310 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, THELMA S 8850 CELIA ROAD TALLAHASSEE FL 32310 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SESSION, TOMKA 2806 SWEETBRIAR DRIVE TALLAHASSEE FL 32312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/S LEE ANN TREVETHAN 8030 HWY 77 N SOUTHPORT FL 32409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003632583-2 -02/05/01-01032-005 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T WILLIAMS, THELMA S 8850 CELIA ROAD TALLAHASSEE FL 32310 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Lee Ann Trevethan</i> 1/16/01 (850) 524-0977 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>

CR2E034 (10/00)

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