

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**

2. Principal Place of Business
3919B WOODVILLE HWY

3. Mailing Address
8030 HWY 77 N

Suite, Apt. #, etc.
NONE

City & State
TALLAHASSEE FL 32310

City & State
SOUTHPORT FL 32409

Zip
32310

Country
USA

Zip
32409

Country
USA

4. FEI Number **APPLIED FOR**
59-3584262

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GILLIAM, LEE
 1872 MILL STREET
 TALLAHASSEE FL 32310**

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

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** *Lee Ann Trevethan* **JAN. 16, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 | |
|--|--|
| TITLE P | <input checked="" type="checkbox"/> Delete |
| NAME GILLIAM, LEE | |
| STREET ADDRESS 1872 MILL STREET | |
| CITY-ST-ZIP TALLAHASSEE FL 32310 | |
| TITLE CEO | <input checked="" type="checkbox"/> Delete |
| NAME GILLIAM, LEE | |
| STREET ADDRESS 1872 MILL STREET | |
| CITY-ST-ZIP TALLAHASSEE FL 32310 | |
| TITLE VP | <input type="checkbox"/> Delete |
| NAME WILLIAMS, THELMA S | |
| STREET ADDRESS 8850 CELIA ROAD | |
| CITY-ST-ZIP TALLAHASSEE FL 32310 | |
| TITLE ST | <input checked="" type="checkbox"/> Delete |
| NAME SESSION, TOMIKA | |
| STREET ADDRESS 2806 SWEETBRIAR DRIVE | |
| CITY-ST-ZIP TALLAHASSEE FL 32312 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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

CR2E034 (10/00)