

2001 UNIFORM BUSINESS REPORT (UBR)

046042

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 Mailing Address
1872 MILL STREET 1872 MILL STREET
TALLAHASSEE FL 32310 TALLAHASSEE FL 32310

2. Principal Place of Business 3. Mailing Address
3919B WOODVILLE HWY 8030 HWY 77 N
 Suite, Apt. #, etc. Suite, Apt. #, etc.
NONE NONE

City & State City & State
TALLAHASSEE FL 32310 SOUTHPORT FL 32409
 Zip Country Zip Country
32310 USA 32409 USA

4. FEI Number ~~APPLIED FOR~~ Applied For
59-3584262 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)