

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053103

1. Entity Name

F.H.G. TRANSPORT, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90123 046 ***150.00

Principal Place of Business

Mailing Address

2348 COLLINGSWOOD BOULEVARD
PORT CHARLOTTE FL 33948

2348 COLLINGSWOOD BOULEVARD
PORT CHARLOTTE FL 33948-1649

2. Principal Place of Business

2348 Collingswood Blvd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 380651
Suite, Apt. #, etc.
Murdock FIA



DO NOT WRITE IN THIS SPACE

City & State

P.C. FIA

City & State

City & State
P.C. FIA

4. FEI Number

65-0926919

Applied For

Not Applicable

Zip
33948

Country
Charlotte

Zip
33938

Country
Charlotte

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MCKINLEY, DANA C
2348 COLLINGSWOOD BOULEVARD
PORT CHARLOTTE FL 33948 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
PECK, LYNN J
2348 COLLINGSWOOD BOULEVARD
PORT CHARLOTTE FL 33948 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 like empowered.

SIGNATURE:

Donna Utrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

941-626-2061

Daytime Phone #

CR2E034 (9/99)