

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90037 040 ***150.00

80105211



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000053674

1. Entity Name
UNICORN TRUCKING, INC.

Principal Place of Business

5817 159TH DRIVE
 LIVE OAK FL 32060

Mailing Address

5817 159TH DRIVE
 LIVE OAK FL 32060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3583681

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOLSOM, LYNDIA M
548 CHANSBRIDGES ROAD
JASPER FL 32052

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **LONG, ROBERT**
 CITY-ST-ZIP **5817 159TH DRIVE**
LIVE OAK FL 32060

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **LONG, MARY**
 CITY-ST-ZIP **5817 159TH DRIVE**
LIVE OAK FL 32060

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

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **FOLSOM, LYNDIA**
 CITY-ST-ZIP **PO BOX 927**
JASPER FL 32052

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Mary Long
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-00

904-364-4754

Date

Daytime Phone #

CR2E034 (5/00)

Attachment # P99000053674
B010511

Unicorn Trucking, Inc.

5817 159th Drive
Live Oak, Florida
32060

Phone (904) 364-4756
Fax (904) 364-1163

To whom it Concerns;

This is in reference to our
phone discussion on 9/5/00 where I
was told to send in only \$150
because we never recieved the
first notice.

Thank You,

Mrs. Mary Long