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FILED
Mar 29, 2001 8:00 am
Secretary of State

01-29-2001 90110 043 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056698

1. Entity Name
M & H HAULING, INC.

Principal Place of Business	Mailing Address
~~1301 RIVERPLACE BLVD, SUITE 2400~~	~~1301 RIVERPLACE BLVD, SUITE 2400~~
~~JACKSONVILLE FL 32207~~	~~JACKSONVILLE FL 32207~~
1130 WESTWOOD DR.	1130 WESTWOOD DR
JACKSONVILLE, FL. 32259	

2. Principal Place of Business		3. Mailing Address	
1130 WESTWOOD DR		~~P. O. BOX 441652~~	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
JACKSONVILLE, FL			
City & State		City & State: JACKSONVILLE, FL	
Zip: 32259	Country: DUVAL	Zip: 32259 ~~32222-0017~~	Country: ST JOHNS ~~DUVAL~~

4. FEI Number 59-3584307 ☐ Applied For ☐ Not Applicable

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
LETTMAN, SEYMOUR	Name
~~1301 RIVERPLACE BLVD, SUITE 2400~~	Street Address (P.O. Box Number is Not Acceptable)
~~JACKSONVILLE FL 32207~~	
P. O. BOX 441652	City FL Zip Code
JACKSONVILLE, FL. 32222-0017	
1130 WESTWOOD DR JACKSONVILLE FL 32259	

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LETTMAN, SEYMOUR	NAME	
STREET ADDRESS	~~1301 RIVERPLACE BLVD, SUITE 2400~~	STREET ADDRESS	1130 WESTWOOD DR
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	JACKSONVILLE, FL. 32259
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: Seymour Lettman SEYMOUR LETTMAN (M+H HAULING) 1-19-01 904-287-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #