2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900061658 1. Entity Name ELIJAH TRUCKING, INC.						Jan 30, 2002 8:00 am Secretary of State 01-30-2002 90036 013 ***150.00				
Principal Place of Business Mailing Address 553 SOUTHWEST 11TH STREET 553 SOUTHWEST 11TH STREET BELLE GLADE FL 33430 BELLE GLADE FL 33430										
2. Principal Place of Business		3-Mailing Address P.O. Box 584				4 (BERIDEN ING STRINK SENIAL BERIN DENN TENIA BANDA BINDA RINDA BINDA BINDA BRADA RELEAS				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	e	Belle Glade, FL				FEI Number 65-0933673		No	plied For t Applicable	_
Zìp	Country	33430	219 33430 Count		· -	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current R	legistered Agent		Name	7.	Name and Address of New Registe	red Agent			1
343 ALME	& Utrera, p.a. Fria avenue Ables fl 33134				ddress (P.O. E	Box Number is Not Acceptable)	1			- - -
!	ADLEO TE SOTO			City			FL Z	p Code		1
SIGNATURE 9. This corporate filing r	named entity submits this statement for Signatury typed or printed name of registered agent are praction is eligible to satisfy its Intangible requirement and elects to do so.	rid title / pplicable (NOTE: FILE NOW!! After May 1, 200	Registered! FEE	Agent signatu	ore required when r	1-10-0	_		O May Be	
	ria on back)	Make Check Payabl		partmen						4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLORIN, ELIJAH JR. 553 SOUTHWEST 11TH STREET BELLE GLADE FL 33430	DIRECTORS Delete			AC	ODITIONS/CHANGES TO OFFICERS	AND DIRE		Addition	2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCLORIN, FREDDIE M 553 SOUTHWEST 11TH STREET BELLE GLADE FL 33430	☐ Delete					☐ CI	nange	☐ Addition	78
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEITH, CORA L 553 SOUTHWEST 11TH STREET BELLE GLADE FL 33430	C - coelete			Cryst P. O. G Belle	al Watson Sox. 584 Glade, FL 33431	I IZ CI	iange	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					□ CI	iange	Addition	-
indicated of the cor	certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee emporor or on an attachment with an address, w	true and accurate and that m wered to execute this report a ith all other like empowered	v sianat	ure shall h	ave the same	legal effect as if made under oath; the	nat I am an i	officer	or director	1