

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Sep 12, 2000 8:00 am
Secretary of State

05-01-2000 90422 030 ***150.00

DOCUMENT # P99000070669			
1. Entity Name H & S TRUCKING, INC.			
Principal Place of Business 580 ELLIS ROAD SUITE 113 JACKSONVILLE FL 32254		Mailing Address 580 ELLIS ROAD SUITE 113 JACKSONVILLE FL 32254-3567	
2. Principal Place of Business Suite, Apt. #, etc. 592 Ellis Road #110		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3493982		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> -\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SLOTT, ARNOLD H 334 EAST DUVAL STREET JACKSONVILLE FL 32202		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 _____ (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) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D RHODEN, D. STANLEY 580 ELLIS ROAD SUITE 113 JACKSONVILLE FL 32254	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D VENSON, HELEN E 580 ELLIS ROAD SUITE 113 JACKSONVILLE FL 32254	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED		Date _____ Daytime Phone # _____	

CR2E034 (9/99)