

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073257

1. Entity Name

D R G TRUCKING, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90054 025 ***150.00

Principal Place of Business

Mailing Address

641 N. W. 2ND AVENUE
WILLISTON FL 32696.

641 N. W. 2ND AVENUE
WILLISTON FL 32696-2021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3594378

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

GILREATH, DONALD G
641 N. W. 2ND AVENUE
WILLISTON FL 32696

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME President
STREET ADDRESS Donald G. Gilreath
CITY-ST-ZIP 641 NW 2nd Ave.
Williston, FL 32696

TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS Rebecca A. Gilreath
CITY-ST-ZIP 19551 E. Levy St.
Williston, FL 32696

TITLE ☐ Delete
NAME Secretary-Treasurer
STREET ADDRESS Irene R. Gilreath
CITY-ST-ZIP 641 NW 2nd Ave.
Williston, FL 32696

TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS Dennis L. Gilreath
CITY-ST-ZIP 752 NW 7th BLVD
Williston, FL 32696

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS Susan J. Gilreath
CITY-ST-ZIP 204 SE 4th St, D-6
Ft. Walton Beach, FL 32696

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS Patricia A. Coleman
CITY-ST-ZIP 7801 Rolling Grove Dr. W.
Lakeland, FL 33810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Irene R. Gilreath
Irene R. Gilreath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

352-528-5256

Date

Daytime Phone #

CR2E034 (9/99)