

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083394

1. Entity Name

TERRY'S TRUCKING INC.

Principal Place of Business

Mailing Address

145 BURNS ROAD  
MIDWAY FL 32343

145 BURNS ROAD  
MIDWAY FL 32343

2. Principal Place of Business

145 Burns Road

3. Mailing Address

145 Burns Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Havana, Florida

City & State

Havana, Florida

Zip

32333

Country

U.S.

Zip

32333

Country

U.S.

4. FEI Number

59-3603508

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ALISON R. B  
145 BURNS ROAD  
MIDWAY FL 32343

7. Name and Address of New Registered Agent

Name  
Alison Burns-Williams

Street Address (P.O. Box Number is Not Acceptable)  
145 Burns Road

City  
Havana

FL

Zip Code  
32333

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President Terry L. Williams
STREET ADDRESS	145 Burns Road
CITY-ST-ZIP	Havana, FL 32333
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S Terry L. Williams
STREET ADDRESS	145 Burns Road
CITY-ST-ZIP	Havana, FL 32333
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T Terry L. Williams
STREET ADDRESS	145 Burns Road
CITY-ST-ZIP	Havana, FL 32333
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Alison Burns-Williams
STREET ADDRESS	145 Burns Road
CITY-ST-ZIP	Havana, FL 32333
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V Alison Burns-Williams
STREET ADDRESS	145 Burns Road
CITY-ST-ZIP	Havana, FL 32333
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Terry L. Williams Terry L. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2000 (850) 509-4282

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE