

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT #

1. Entity Name

SHOENBERGER TRUCKING, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

04-13-2000 90088 034 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

25350 U.S. Highway 19 N.

Suite, Apt. #, etc.

Apt. 50

City & State

Clearwater, FL

City & State

4. FEI Number

59-3601270

Applied For

Not Applicable

Zip

33763

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Edward Shoenberger
25350 U.S. Highway 19 N.
Apt. 50
Clearwater, FL 33763

Name

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

205 Cobblestone Ct.

City

Roseford NC

FL

Zip Code

28376

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

4-8-00

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
STREET ADDRESS
CITY-ST-ZIP
Director
Edward Shoenberger
25350 U.S. Highway 19 N., Apt. 50
Clearwater, FL 33763

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Edward Shoenberger
~~205 Cobblestone Ct.~~
~~Roseford, NC 28376~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
EDWARD SHOENBERGER
1885 CEDAR ST
SAFETY HARBOR FL 34695

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-00

Date

Daytime Phone #

910-848-4190

727-291-1217