

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 16, 2000 8:00 am
Secretary of State

03-20-2000 90108 042 ***150.00

DOCUMENT # P99000087156

1. Entity Name

TRIP TRUCKING, INC.

Principal Place of Business

1716 MACAUL ROAD
 JACKSONVILLE FL 32220

Mailing Address

1716 MACAUL ROAD
 JACKSONVILLE FL 32220-1433

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

593600075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SCHILLING, DALLAS JR.
 1716 MACAUL ROAD
 JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

Name Michael W Hayes

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

7741 Stillwell Rd

City JACKSONVILLE

FL

Zip Code 32221

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

Dallas P Schilling Jr

Signature, typed or printed name of registered agent and state is 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	President	<input type="checkbox"/> Delete
NAME	Dallas P Schilling Jr	
STREET ADDRESS	1716 Macaul Rd.	
CITY-ST-ZIP	Jacksonville FL 32220	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Sandra Schilling	
STREET ADDRESS	1716 Macaul Rd.	
CITY-ST-ZIP	Jacksonville FL 32220	
TITLE	Vice President of Sales	<input type="checkbox"/> Delete
NAME	Michael W Hayes	
STREET ADDRESS	7741 Stillwell Rd	
CITY-ST-ZIP	Jacksonville FL 32221	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

Dallas P Schilling Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00 (704) 786 9109

CR2E034 (9/99)