

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094873

1. Entity Name

RZ TRUCKING, INC.

Principal Place of Business

13544 ISABELL AVE.
PORT CHARLOTTE FL 33981

Mailing Address

13544 ISABELL AVE.
PORT CHARLOTTE FL 33981-6129

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

65-0953415

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

MOREHOUSE, ROBERT S
13544 ISABELL AVE.
PORT CHARLOTTE FL 33981

Name

ROBERT S. AND EILEEN A. MOREHOUSE

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

13544 ISABELL AVE.

City

PORT CHARLOTTE, FL

FL

Zip Code

33981

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

Robert S. Morehouse
ROBERT S. MOREHOUSE

(NOTE: Registered Agent's name is required when applicable.)

Eileen A. Morehouse
EILEEN A. MOREHOUSE

DATE

2/19/00

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE (P) ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
(P) PRESIDENT
ROBERT S. MOREHOUSE
13544 ISABELL AVE.
PORT CHARLOTTE, FL 33981

TITLE (V) ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
(V) EILEEN A. MOREHOUSE
13544 ISABELL AVE.
PORT CHARLOTTE, FL 33981

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

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

TITLE ☐ Change ☐ Addition
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:

Robert S. Morehouse / *Eileen A. Morehouse*

2/19/00

(941) 697-9418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT S. MOREHOUSE / EILEEN A. MOREHOUSE



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)