

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108199

1. Entity Name

BEW TRUCKING, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90034 016 ***158.75

Principal Place of Business

Mailing Address

2047 DIXIE BELLE DRIVE UNIT B
ORLANDO FL 32812

2047 DIXIE BELLE DRIVE UNIT B
ORLANDO FL 32812

2. Principal Place of Business

3. Mailing Address

2047 DIXIE BELLE DR.

2047 DIXIE BELLE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT # B

UNIT # B

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip 32812

Country ORANGE

Zip 32812

Country ORANGE

4. FEI Number

59-3611990

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

WILLIAMS, ROLAIN C
2047 DIXIE BELLE DRIVE UNIT B
ORLANDO FL 32812

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

4-17-00

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	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, BRIAN E	
STREET ADDRESS	2047 DIXIE BELLE DRIVE UNIT B	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROLAIN C	
STREET ADDRESS	2047 DIXIE BELLE DRIVE UNIT B	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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NAME	
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:

Brian E. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

(407) 275-7320

Daytime Phone #

CR2E034 (9/99)