

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109736

1. Entity Name
AUBUCHON TRUCKING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90146 008 ***150.00

Principal Place of Business 2311 ROGERS ROAD LAKELAND FL 33813	Mailing Address 2311 ROGERS ROAD LAKELAND FL 33813
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address P.O. Box 440860	
Suite, Apt. #, etc.		Suite, Apt. #, etc. C/o BFT	
City & State		City & State Aurora, CO	
Zip	Country	Zip	Country
		80014-0860	USA

4. FEI Number	91-2007036	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REHER, DEBORA C 2311 ROGERS ROAD LAKELAND FL 33813	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUBUCHON, DAVE 401 LAUREL POTOSI MO 3664 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AuBuchon, Dave Rt. 1 Box 1026 Cadet, MO 63630 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELLOWS, DOUGLAS 2103 E COUNTY RD 14 LOVELAND CO 80537 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Fellows, Douglas 2103 E. County Rd 14 Loveland, CO 80537 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REHER, DEBORA C 2993 S PEORIA ST #G7 AURORA CO 80014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Reher, Debora C. P.O. Box 440860 Aurora, CO 80014-0860 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Debora C. Reher Debora C. Reher, Secretary 303-750-4930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)