

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90066 049 ***150.00

DOCUMENT # P99000110023

1. Entity Name
FREIGHTSTATS, INC.

Principal Place of Business

Mailing Address

3780 TAMPA RD. SUITE 114
OLDSMAR FL 34677

3780 TAMPA RD. SUITE 114
OLDSMAR FL 34677

2. Principal Place of Business

3863 Nighthawk Dr

3. Mailing Address

164 ALDENBROOK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor, FL

City & State

Santa Rosa, CA

4. FEI Number

59-3620560

Applied For

Not Applicable

Zip

34684

Country

US

Zip

95405

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHHOLZ, WERNER
3863 NIGHTHAWK DR
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

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

3/1/00

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	D	<input type="checkbox"/> Delete
NAME	BUCHHOLZ, WERNER	
STREET ADDRESS	3780 TAMPA RD, SUITE 114	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	YNGVE, CRYSTAL	
STREET ADDRESS	3780 TAMPA RD, SUITE 114	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

Date

707.292.2346

Daytime Phone #

CR2E034 (9/99)