

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90221 049 ***150.00

DOCUMENT # V36747

1. Entity Name

ALL FREIGHT INTERNATIONAL INC.

Principal Place of Business

Mailing Address

HARRISON PT TRAIL
 ISLAND FL 32034

1228 HARRISON PT TRAIL
 AMELIA ISLAND FL 32034-5019
 US

0000002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2121A Corporate Sq
 Suite, Apt. #, etc.

same
 Suite, Apt. #, etc.

Suite 118
 City & State

City & State

4. FEI Number **59-3121937**

Applied For
 Not Applicable

Jacksonville 71

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

32216 Duval

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGLERT, MARY JOYCE
 1228 HARRISON PT TRAIL
 AMELIA ISLAND FL 32034

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

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	PST	<input type="checkbox"/> Delete
NAME	ENGLERT, MARY JOYCE	
STREET ADDRESS	1228 HARRISON PT TRAIL	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ENGLERT, MARY JOYCE	
STREET ADDRESS	1228 HARRISON PT TRAIL	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

Mary Joy Englert
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-2000 904491.0489
 Date Daytime Phone #

CR2E034 (9/99)