

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851210

1. Entity Name

NATIONAL FREIGHT, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90038 006 ***150.00

Principal Place of Business

Mailing Address

71 WEST PARK AVENUE
 VINELAND NJ 08360

71 WEST PARK AVENUE
 VINELAND NJ 08360-3508

00060030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

21-0586910

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	VT	<input type="checkbox"/> Delete
NAME	BROWN, SIDNEY	
STREET ADDRESS	71 WEST PARK AVENUE	
CITY-ST-ZIP	VINELAND NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENDALL, BERNICE	
STREET ADDRESS	71 WEST PARK AVENUE	
CITY-ST-ZIP	VINELAND NJ	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, IRWIN	
STREET ADDRESS	201 BUTCHER ROAD	
CITY-ST-ZIP	WAXAHACHIE TX	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	BROWN, BERNARD	
STREET ADDRESS	71 WEST PARK AVE.	
CITY-ST-ZIP	VINELAND NJ	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NICHOLS, GARY	
STREET ADDRESS	71 WEST PARK AVE	
CITY-ST-ZIP	VINELAND NJ	
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		
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		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RASCHIDA, FRANK	
STREET ADDRESS	71 WEST PARK AVENUE	
CITY-ST-ZIP	VINELAND NJ 08360	

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

FRANK RASCHIDA EXECUTIVE VP/CEO

02-15-00

Date

(856) 691-7000

Daytime Phone #

CR2E034 (9/99)