

# 2002 UNIFORM BUSINESS REPORT-(UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90391 012 \*\*\*150.00

**DOCUMENT # G81309**

1. Entity Name  
**MID-FLA. HAULING, INC.**

Principal Place of Business STATE RD. 121 P.O. BOX 100 WORTHINGTON SPRINGS FL 32697	Mailing Address STATE RD. 121 P.O. BOX 100 WORTHINGTON SPRINGS FL 32697
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-2391549**

Applied For	Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GAFFORD, FRANK M.**  
**60 EAST ORANGE ST.,**  
**LAKE CITY FL 32055**

**7. Name and Address of New Registered Agent**

Name **BELINDA RAULERSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**STATE ROAD 121 (PO BOX 100)**  
**100 STATE ROAD 121**  
 City **WORTHINGTON SPRINGS FL** Zip Code **32697**

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 **BELINDA RAULERSON, GENERAL MANAGER** *Belinda Raulerson* 4-4-2002  
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRITCHETT, MARVIN H.</b> <b>WEST HWY 121, PO BOX 121</b> <b>LAKE BUTLER FL 32054</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>LOWELL, SHAD</b> <b>EAST HWY 121 P.O. BOX 508</b> <b>LAKE BUTLER FL 32054</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **MARVIN HAY PRITCHETT** *Marvin Pritchett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)