## FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90125 006 \*\*\*150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000078220 1. Entity Name CREIGHTON TRUCKING, INC. 90037796 Principal Place of Business Mailing Address 315 BECKS LAKE RD. 315 BECKS LAKE RD. CANTONMENT, FL 32533 CANTONNENT, FL 32533 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. THE CHECK HERE IF MAKING CHANGES! City & State City & State Applied For -1837<u>77</u> Not Applicable Zip Country Ζiρ Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CREIGHTON, GORDON R 316 BECKS LAKE RD. Street Address (P.O. Box Number is Not Acceptable) CANTONMENT, FL 32533 City 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. i am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIDEFEE IS: \$150,00

S. MARIE May 1: 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition ☐ Change CREIGHTON, GORDON R NAME 315 BECKS LAKE RD. STREET ADDRESS STREET ADDRESS CANTONMENT, FL 32533 CITY-ST-ZP CRY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME CREIGHTON, BERTHA C NAME STREET ADDRESS 316 BECKS LAKE RD. STREET ADDRESS CANTONMENT, FL 32533 COY-ST-ZIP TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-51-2# \_ CRY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE De lete TITLE ☐ Change Addition HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete 7/716 ☐ Change NAJAF STREET ADDRESS CITY-51-2P City-st-zip filling does not qualify for the exemption stated in Section 119.07(3x1), Fiorida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to ejective this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other life empowered. 850-968-0394 SIGNATURE: