

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91159 005 \*\*\*150.00

DOCUMENT # P05608

1. Entity Name

ABF CARTAGE, INC.

Principal Place of Business

3801 OLD GREENWOOD RD  
FORT SMITH AR 72903  
US

Mailing Address

P. O. BOX 10048  
FORT SMITH AR 72917-0048  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 71-0596079

Applied For

Not Applicable

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, 2001 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 PD ☐ Delete  
NAME STUBBLEFIELD, DAVID E.  
STREET ADDRESS 3801 OLD GREENWOOD RD  
CITY-ST-ZIP FT. SMITH AR

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME COOPER, RICHARD F  
STREET ADDRESS 3801 OLD GREENWOOD RD  
CITY-ST-ZIP FORT SMITH AR

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME DAVID E. LOEFFLER  
STREET ADDRESS 3801 OLD GREENWOOD RD  
CITY-ST-ZIP FORT SMITH AR

TITLE TD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DC ☐ Delete  
NAME ROBERT A YOUNG III  
STREET ADDRESS 3801 OLD GREENWOOD RD  
CITY-ST-ZIP FT SMITH AR

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME MCCAFFREY, SHAUN M  
STREET ADDRESS 3801 OLD GREENWOOD RD  
CITY-ST-ZIP FT SMITH AR

TITLE ☒ Change ☐ Addition  
NAME RICHARD L. SPEARMAN  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AT ☐ Delete  
NAME MORTON, LAVON J  
STREET ADDRESS 3801 OLD GREENWOOD RD  
CITY-ST-ZIP FORT SMITH AR 72903

TITLE AV ☒ Change ☐ 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

J. Lavon Morton

Date

4-25-01

Daytime Phone #

501-494-6801

CR2E034 (10/00)