

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90139 015 ***150.00

DOCUMENT # P12654

1. Entity Name

SOUTHEASTERN FREIGHT LINES, INC.



Principal Place of Business

**420 DAVEGO ROAD
LEXINGTON SC 29073
US**

Mailing Address

**P.O. BOX 1691
COLUMBIA SC 29202
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 **57-0301199**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	CASSELS, W.T., JR.	
STREET ADDRESS	420 DAVEGA ROAD	
CITY-ST-ZIP	LEXINGTON SC	
TITLE	P	☐ Delete
NAME	TAYLOR, PAUL D.	
STREET ADDRESS	420 DAVEGA ROAD	
CITY-ST-ZIP	LEXINGTON SC	
TITLE	S	☐ Delete
NAME	STOREY, SHELBY D.	
STREET ADDRESS	420 DAVENGA ROAD	
CITY-ST-ZIP	LEXINGTON SC	
TITLE	V	☐ Delete
NAME	BURLESON, J.R., JR.	
STREET ADDRESS	420 DAVENGA ROAD	
CITY-ST-ZIP	LEXINGTON SC	
TITLE	D	☐ Delete
NAME	CASSELS, W. TOBIN, III	
STREET ADDRESS	420 DAVENGA ROAD	
CITY-ST-ZIP	LEXINGTON SC	
TITLE	VPC	☐ Delete
NAME	EDGE, P. THOMAS	
STREET ADDRESS	420 NAVELS RD	
CITY-ST-ZIP	LEXINGTON SC	

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. Thomas Edge, VP-Controller

Southeastern Freight Lines 57-0301199

(803) 794-7300

Date

3/27/03

Daytime Phone

CR2E034 (10/02)