

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90138 014 ***158.75

DOCUMENT # P97000094253

1. Entity Name
2-M TRUCKING, INC.

Principal Place of Business

Mailing Address

2361 KING AVE
 AUBURDALE FL 33823

6228 COUNTY LINE ROAD
 LAKELAND FL 33811

2. Principal Place of Business

3. Mailing Address

6212 COUNTY LINE ROAD
 Suite, Apt. #, etc.

6212 COUNTY LINE ROAD
 Suite, Apt. #, etc.

City & State

City & State

LAKELAND, FL

LAKELAND, FL

Zip

Country

Zip

Country

33811

USA

33811

USA

4. FEI Number **59-3480913**

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

CANTWELL, IVEL M
6228 COUNTY LINE ROAD
LAKELAND FL 33811

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 **IVEL M. CANTWELL**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-01

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 Delete
 NAME **PD EDENFIELD MORRIS L**
 STREET ADDRESS **2200 KRISTA LANE**
 CITY-ST-ZIP **BRANDON FL 33511** **(DECEASED)**

TITLE Delete
 NAME **STD CANTWELL, IVEL M**
 STREET ADDRESS **6228 COUNTY LINE ROAD**
 CITY-ST-ZIP **LAKELAND FL 33811**

TITLE Delete
 NAME **D BRAZEE L, RUTH**
 STREET ADDRESS **2361 KING AVE**
 CITY-ST-ZIP **AUBURDALE FL 33823** **(DECEASED)**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **PD STD D**
 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

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: **Ivel M Cantwell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVEL M CANTWELL 4/16/2001

Date

863-709-8239

Daytime Phone #

CR2E034 (10/00)