

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

0598465

04-30-2001 90047 002 \*\*\*150.00

**DOCUMENT # 274279**  
 1. Entity Name  
**DEWITT TRUCK BROKERS, INC.**

Principal Place of Business 1200 HAMMONDVILLE RD. POMPANO BEACH FL 33069	Mailing Address P.O. BOX 951 HENDERSONVILLE NC 28793-0951
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132000



DO NOT WRITE IN THIS SPACE

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	59-1024490	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

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

DEWITT, JONNIE R  
 335 BLUE JACKET LANE  
 ORLANDO FL 32825

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

Name: Richard DeWitt  
 Street Address (P.O. Box Number is Not Acceptable): 6600 Lake Shore Dr.  
 City: Margate FL Zip Code: 33063

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: Richard DeWitt Richard DeWitt DATE: 4-17-01  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE	P	
NAME	DEWITT, JONNIE R	
STREET ADDRESS	1305 SE 1ST ST	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	ST	
NAME	DEWITT, JONNIE R	
STREET ADDRESS	1305 SE 1ST ST	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	P		
NAME	Jonnie R. DeWitt		
STREET ADDRESS	Chimney Rock Rd. PO Box 951		
CITY-ST-ZIP	Hendersonville, NC 28793		
TITLE	ST		
NAME	Jonnie R. DeWitt		
STREET ADDRESS	Chimney Rock Rd. PO Box 951		
CITY-ST-ZIP	Hendersonville, NC 28793		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Jonnie R. DeWitt Jonnie R. DeWitt DATE: 4/23/01 828-685-7216  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (10/00)