

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 469198**

1. Entity Name

GLEN BLACKBURN TRUCKING, INC.**FILED**
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90241 021 ***150.00

Principal Place of Business

4699 CHRISTENSEN RD.
P O BOX 12549
FT PIERCE FL 34979-9549

Mailing Address

4699 CHRISTENSEN RD.
P O BOX 12549
FT PIERCE FL 34979-9549

714850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1574663**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LLOYD, ROBERT M.
200 S INDIAN RIVER DR
FT. PIERCE FL 34950

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 State10. 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	D	<input type="checkbox"/> Delete
NAME	BLACKBURN, GLEN	
STREET ADDRESS	4659 CHRISTENSEN RD.	
CITY-ST-ZIP	FORT PIERCE FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		Zip - 34981

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARLTON, CARL JR.	
STREET ADDRESS	1201 CHARLOTTA ST	
CITY-ST-ZIP	FORT PIERCE FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		Zip - 34982

TITLE	SD	<input type="checkbox"/> Delete
NAME	CARLTON, LINDA B	
STREET ADDRESS	1201 CHARLOTTA ST	
CITY-ST-ZIP	FORT PIERCE FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		Zip - 34982

TITLE	TD	<input type="checkbox"/> Delete
NAME	BLACKBURN, MABLE	
STREET ADDRESS	4659 CHRISTENSEN RD.	
CITY-ST-ZIP	FORT PIERCE FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		Zip 34981

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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: *Linda B. Carlton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda B. Carlton

2/7/01

561-461-6857

Date

Daytime Phone #

CR2E034 (10/00)