

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90111 026 ***150.00

DOCUMENT # 469198

1. Entity Name
GLEN BLACKBURN TRUCKING, INC.



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



2. Principal Place of Business

3. Mailing Address

PO Box 12549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. Pierce, FL.

4. FEI Number 59-1574663

Applied For

Not Applicable

Zip

Country

Zip

Country

34979

USA

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)

604 BOSTON AVE

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 **BLACKBURN, GLEN**
STREET ADDRESS **4659 CHRISTENSEN RD.**
CITY-ST-ZIP **FORT PIERCE FL 34981**

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

TITLE ☐ **Delete**
NAME **PD CARLTON, CARL JR**
STREET ADDRESS **1201 CHARLOTTA ST**
CITY-ST-ZIP **FORT PIERCE FL 34982**

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

TITLE ☐ **Delete**
NAME **SD CARLTON, LINDA B**
STREET ADDRESS **1201 CHARLOTTA ST**
CITY-ST-ZIP **FORT PIERCE FL 34982**

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

TITLE ☒ **Delete**
NAME **TD BLACKBURN, MABLE**
STREET ADDRESS **4659 CHRISTENSEN RD.**
CITY-ST-ZIP **FORT PIERCE FL 34982**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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:

CARL CARLTON JR President

1/31/03

772-461-6857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)