## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## 501216 **DOCUMENT #**

1. Entity Name

SERVICE TRUCKING, INC.



Principal Place of Business P.O.BOX 188

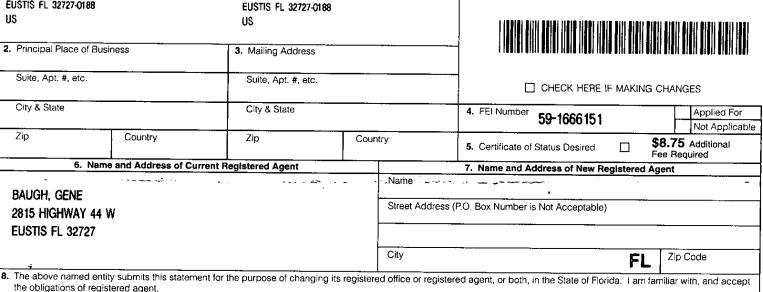
EUSTIS FL 32727-0188

SIGNATURE

Mailing Address P.O. BOX 188

## **FILED** Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90422 038 \*\*\*150.00



(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition BAUGH, GENE M NAME NAME 2815 HIGHWAY 44 W STREET ADDRESS STREET ADDRESS CITY-ST-7iP EUSTIS FL 32727 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BAUGH, DANIEL L. NAME NAME STREET ADDRESS 2303 ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP **EUSTIS FL** CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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.

CITY-ST-ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR