

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90046 007 \*\*\*150.00

0588248 AT

**DOCUMENT # 534180**

1. Entity Name

**M & P TRUCKING COMPANY, INC.**

Principal Place of Business

**WEST 6TH STREET  
P. O. BOX 292  
GRACEVILLE FL 32440**

Mailing Address

**WEST 6TH STREET  
P. O. BOX 292  
GRACEVILLE FL 32440**

2. Principal Place of Business

**4423 Market St**

3. Mailing Address

**PO Box 292**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Marianna FL**

City & State

**Graceville FL**

Zip

**32446**

Country

**Jackson**

Zip

**32440**

Country

**Jackson**

4. FEI Number

**59-1753315**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PAYNE, ROBERT E.  
4910 GALLOWAY RD  
GRACEVILLE FL 32440**

7. Name and Address of New Registered Agent

Name **Robert E. Payne**

Street Address (P.O. Box Number is Not Acceptable)

**4423 Market St**

City

**Marianna**

FL

Zip Code

**32446**

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

**Robert E Payne**

**2/20/02**

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, 2002 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

TITLE **PD** ☐ Delete  
NAME **PAYNE, ROBERT E.**  
STREET ADDRESS **4910 GALLOWAY RD**  
CITY-ST-ZIP **GRACEVILLE FL**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **Robert E Payne**  
STREET ADDRESS **4423 Market St**  
CITY-ST-ZIP **Marianna, FL 32446**

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

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

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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:

**Robert E Payne**

**2/20/02**

**850-524-7127**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)