

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 573603

Entity Name
M FREIGHT SYSTEMS, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90156 037 ***150.00

Principal Place of Business

2115 COOPERS LANE
JEFFERSONVILLE IN 47130

Mailing Address

2115 COOPERS LANE
JEFFERSONVILLE IN 47130



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

TED MEILLEUR

Suite, Apt. #, etc.

P.O. Box 140960

City & State

GAINSVILLE, FL

Zip

32614-0960

Country

4. FEI Number

59-1888100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEILLEUR, MARGERY
207 CRESTWOOD LANE
LARGO FL 33770

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	RICE, JERRY	
STREET ADDRESS	2115 COOPERS LANE	
CITY-ST-ZIP	JEFFERSONVILLE IN 47130	
TITLE	CHOB	<input type="checkbox"/> Delete
NAME	MEILLEUR, MARGERT H	
STREET ADDRESS	207 CRESTWOOD LANE, HARBOR BLUFFS	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOUST, DR. PAULA	
STREET ADDRESS	2115 COOPERS LANE	
CITY-ST-ZIP	JEFFERSONVILLE IN 47130	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEILLEUR, LAURENT	
STREET ADDRESS	2115 COOPERS LANE	
CITY-ST-ZIP	JEFFERSONVILLE IN 47130	
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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2751 REGENCY OAK BLVD. UNIT R 502	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	% Wm. W. Hollister, PSC	
CITY-ST-ZIP	7607 PRESTON HWY	
	LOUISVILLE, KY 40219	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	% Wm. W. Hollister, PSC	
CITY-ST-ZIP	7607 PRESTON HWY	
	LOUISVILLE, KY 40219	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEILLEUR, TED	
STREET ADDRESS	P.O. Box 140960	
CITY-ST-ZIP	GAINSVILLE, FL 32614-0960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. 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: TED MEILLEUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02

Date

352-377-8027

Daytime Phone #

CR2E034 (9/01)