

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 698590

1. Entity Name
SOUTHLAND TRUCKING, INC.

Principal Place of Business

3250 NW 150TH STREET
TRENTON FL 32693

Mailing Address

11691 NW 70TH AVE
CHIEFLAND FL 32626

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

13550 NE CR 339

TRENTON, FLA.

32693

6. Name and Address of Current Registered Agent

ASBELL, JAMES D.
3250 NW 150TH ST.
TRENTON FL 32693

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ASBELL, JAMES D.	
STREET ADDRESS	3250 NW 150TH ST.	
CITY-ST-ZIP	TRENTON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	STURGEON, DEBORAH L	
STREET ADDRESS	4652 COVENTRY CT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	BARRON, THERESA	
STREET ADDRESS	11691 NW 70TH AVE	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, LEAH A	
STREET ADDRESS	13550 NE CR 339	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BARRON, EDWARD F JR	
STREET ADDRESS	11691 NW 70TH AVE	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	V	<input type="checkbox"/> Delete
NAME	ABRAHAM, BLITCH J	
STREET ADDRESS	13550 NE CR339	
CITY-ST-ZIP	TRENTON FL 32693	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LEAH A	
STREET ADDRESS	13550 NE CR 339	
CITY-ST-ZIP	TRENTON, FLA. 32693	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. ASBELL

Date

Daytime Phone #

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90052 044 ***150.00

00043337



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2139024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)