

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90095 046 ***150.00

DOCUMENT # 827912

1. Entity Name
HILLDRUP TRANSFER AND STORAGE, INCORPORATED

Principal Place of Business

**4022 JEFFERSON DAVIS HWY
P.O. BOX 1290
STAFFORD VA 22554**

Mailing Address

**4022 JEFFERSON DAVIS HWY
P.O. BOX 1290
STAFFORD VA 22554**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-0661748

Applied For

Not Applicable

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

Gaudion
Peter Gaudion
**750 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32824**

Name

Peter Gaudion

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

750 Central Florida Pwky.

City

Orlando

FL

Zip Code
32824

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

1/25/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCDANIEL, C G	
STREET ADDRESS	133 CAROLINE ST	
CITY-ST-ZIP	FREDERICKSBURG VA	
TITLE	V	<input type="checkbox"/> Delete
NAME	DODSON, D. BARRY	
STREET ADDRESS	1708 RAINES DR	
CITY-ST-ZIP	FREDERICKSBURG VA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MABE, LESTER	
STREET ADDRESS	4022 JEFFERSON DAVIS HWY	
CITY-ST-ZIP	STAFFORD VA 22-5554	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARSHALL, HILTON G.	
STREET ADDRESS	2 PATRICK PLACE	
CITY-ST-ZIP	FREDERICKSBURG VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, HAROLD	
STREET ADDRESS	25 HAMLIN DR	
CITY-ST-ZIP	FREDERICKSBURG VA	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCDANIEL, CW	
STREET ADDRESS	11 FOX RUN DR	
CITY-ST-ZIP	FREDERICKSBURG VA	

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
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STREET ADDRESS	
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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:

Hilton G. Marshall, C.F.O.
HILTON G. MARSHALL, C.F.O.
SIGNING OFFICER OR DIRECTOR

703-221-7155

Date

Daytime Phone #

CR2E034 (9/01)