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

Mailing Address

71 WEST PARK AVENUE

## 851210 **DOCUMENT #**

BROWN, BERNARD

VINELAND NJ

VINELAND NJ

NICHOLS, GARY

71 WEST PARK AVE

**VP** 

71 WEST PARK AVE.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

1. Entity Name

NATIONAL FREIGHT, INC.

Principal Place of Business

71 WEST PARK AVENUE



**FILED** Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90086 043 \*\*\*150.00

22003737

| VINELAND NJ 08360                     |  | VINELAND NJ 08360                 |               |   |   |  |  |                                |            |                            |
|---------------------------------------|--|-----------------------------------|---------------|---|---|--|--|--------------------------------|------------|----------------------------|
| 2. Principal P                        | lace of Business   | 3. Mailing Address                |               |   |   |  |  |                                |            |                            |
| Suite, Apt.                           | #, etc.  | Suite, Apt. #, etc.  City & State |               |   |   | CHECK HERE IF MAKING CHANGES  4. FEI Number 21-0586910 Applied For— Not Applicable |  |                                |            |                            |
| City & State                          | е  |                                   |               |   | <del></del>                                 |  |  |                                |            |                            |
| Zip                                   | ip Country   |                                   | p Cou         |   |   | 5. Certificate of Status Des   |  | \$8.75 Additional Fee Required |            | itional                    |
|                                       | 6. Name and Address of Currer  | ent Registered Agent              |               |   | 7. Name and Address of New Registered Agent |  |  |                                |            |                            |
|                                       |  |                                   | 3             | Ni                                      | ame   |  |  |                                |            |                            |
| CT CORPO                              | ORATION SYSTEM   |                                   | Ctroot Addre  |   |   | na (D.O. Po  | x Number is Not Acceptable)  |                                |            |                            |
| 1200 S. P                             | INE ISLAND ROAD  |                                   | Street Addres |   |   | SS (F.O. BO  | x Number is Not Acceptable)  |                                |            |                            |
|                                       | ON FL 33324  |                                   |               |   |   |  |  |                                |            |                            |
| 1 2 3 117 117                         | 511 1 2 335E 1   | •                                 |               | , c                                     | ity   | .,   |  |                                | Zip Code   |                            |
|                                       | named entity submits this statement  |                                   |               |   | •   |  |  | FL                             |            |                            |
| SIGNATURE .                           | ions of registered agent.  Signature, typed or printed name of registered age                      | ent and title if applic           | able (NOTE:   | : Registered Age                        | nt signature req                            | uired when rein  | nstating)  | DATE                           |            |                            |
| Afte                                  | ILE_NOW]II_FEE_IS_\$150.00<br>r May 1, 2003 Fee will be \$550.0<br>k Payable to Florida Department | 0                                 |               |   |   | -  | <ol><li>Election Campaign Financial Trust Fund Contribution.</li></ol> | ng 🔲                           |            | <b>0</b> May Be<br>to Fees |
| 10.                                   | OFFICERS AN  | ID DIRECTOR                       | S             | 11.                                     |   | ADO  | DITIONS/CHANGES TO OFFICER   | S AND D                        | RECTORS    | S IN 11                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT<br>BROWN, SIDNEY<br>71 WEST PARK AVENUE<br>VINELAND NJ  |                                   | ☐ Delete      | TITLE<br>NAME<br>STREET AD<br>CITY-ST-2 |   | ~_   |  |                                | ] Change   | ☐ Addition                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S<br>KENDALL, BERNICE<br>71 WEST PARK AVENUE<br>VINELAND NJ  | •                                 | ☐ Delete      | TITLE NAME STREET AD CITY-ST-2          |   |  |  | C                              | ] Change   | Addition                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD<br>BROWN, IRWIN<br>201 BUTCHER ROAD<br>WAXAHACHIE TX  |                                   | ☐ Delete      | TITLE NAME STREET AD CITY-ST-2          |   |  |  |                                | _ Change . | ☐ Addition                 |
| TITLE                                 | CPD  | ···········                       | ☐ Delete      | TITLE                                   |   |  |  | . [                            | Change     | ☐ Addition                 |

TITLE RASCHILLA, FRANK RASCHIHA, FRANK NAME NAME STREET ADDRESS 71 WEST PARK AVENUE STREET ADDRESS 08360 CITY-ST-ZIP VINELAND NJ 08360 VINELAND NJ CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

EXEC. UPICFO

CITY-ST-7IP

TITLE

NAME

TITLE

E REQUIRED EXECUTIVE VP/CFO SIGNATURE:

☐ Delete

☐ Delete

☐ Change

🗶 Change

☐ Addition

☐ Addition

CR2E034 (10/02)