

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90200 043 ***150.00

DOCUMENT # F81809

1. Entity Name

SUNBELT AUTO CARRIERS CORPORATION, INC.



Principal Place of Business

681 HWY.17-92

P O BOX 206

DEBARY FL 32713-7206

Mailing Address

681 HWY.17-92

P O BOX 206

DEBARY FL 32713-7206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2193568

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

LAWRENCE, BRUCE

681 HWY 17-92

DEBARY FL 32713

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LAWRENCE, BRUCE L. ☐ Delete
STREET ADDRESS 25110 SHETLAND TRAIL
CITY-ST-ZIP SORRENTO FL 32776

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

TITLE T
NAME LAWRENCE, GRETA A. ☐ Delete
STREET ADDRESS RT. 4, BOX 270
CITY-ST-ZIP CHIPLEY FL

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

TITLE S
NAME LAWRENCE, JUNE P. ☐ Delete
STREET ADDRESS 25110 SHETLAND TRAIL
CITY-ST-ZIP SORRENTO FL 32776

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

TITLE VP
NAME LAWRENCE, JAMES W ☒ Delete
STREET ADDRESS 43 TEAL COURT
CITY-ST-ZIP FENANDIN BEACH FL 32034

TITLE VP
NAME LAWRENCE, JUNE P. ☐ Change ☐ Addition
STREET ADDRESS 25110 Shetland Trail
CITY-ST-ZIP Sorrento Fl 32776

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce Lawrence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03 386-668-5777

Date

Daytime Phone #

CR2E034 (10/02)