

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90003 007 \*\*\*150.00

**DOCUMENT # F94000002518**

1. Entity Name

**U.S. CONTRACT TRUCKING, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 152170  
 IRVING TX 75062

P.O. BOX 152170  
 IRVING TX 75062

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 **75-1807980**

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

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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	LEVY, IRVIN L	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY-ST-ZIP	IRVING TX 75062	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LEVY, LESTER A	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY-ST-ZIP	IRVING TX 75062	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LEVY, MILTON P JR.	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY-ST-ZIP	IRVING TX 75062	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CLEVELAND, JOSEPH H	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY-ST-ZIP	IRVING TX 75062	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MARGOLIES, LARRY R	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY-ST-ZIP	IRVING TX 75062	
TITLE	T	<input type="checkbox"/> Delete
NAME	HETZER, TOM	
STREET ADDRESS	2727 CHEMSEARCH BLVD	
CITY-ST-ZIP	IRVING TX	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert M. Levy	
STREET ADDRESS	Address Same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rich Robinson	
STREET ADDRESS	Same 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 no 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

5-1-01

Date

Daytime Phone #

CR2E034 (10/00)