

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90076 031 \*\*\*150.00

DOCUMENT # **F 95000000029**

1. Entity Name  
**Smithway Motor Xpress, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**2031 Quail Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 404**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Fort Dodge, Iowa**  
Zip  
**50501**

City & State  
**Fort Dodge, Iowa**  
Zip  
**50501**

4. FEI Number  
**42-1009113**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE **President**  
NAME **William G. Smith**  
STREET ADDRESS **1129 Colonial Drive**  
CITY - ST - ZIP **Fort Dodge, Iowa 50501**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **Vice President**  
NAME **G. Larry Owens**  
STREET ADDRESS **1161 Fox Ridge**  
CITY - ST - ZIP **Fort Dodge, Iowa 50501**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **Treasurer**  
NAME **Michael Oleson**  
STREET ADDRESS **1044 North 31st Street**  
CITY - ST - ZIP **Fort Dodge, Iowa 50501**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #