

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90080 034 ***150.00

DOCUMENT # F95000000396

1. Entity Name
ALLEN FREIGHT SERVICES, INC.

Principal Place of Business

**565 ELLIS ROAD SOUTH
 JACKSONVILLE FL 32254**

Mailing Address

**P.O. BOX 188
 TONTITOWN AR 72770**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

43-1498191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, WILLIAM K III
 1912 OAK CIRCLE
 ATLANTIC BEACH FL 32233**

7. Name and Address of New 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **DP** ☐ Delete
 NAME **WEAVER, ROBERT W**
 STREET ADDRESS **HWY. 412 W.**
 CITY-ST-ZIP **TONTITOWN AR 72770**

TITLE **ST** ☐ Delete
 NAME **GODDARD, LARRY J**
 STREET ADDRESS **HWY. 412 W.**
 CITY-ST-ZIP **TONTITOWN AR 72770**

TITLE **D** ☐ Delete
 NAME **SULLIVAN, DANIEL C**
 STREET ADDRESS **122 W. 22ND ST.**
 CITY-ST-ZIP **OAK BROOK IL 60521**

TITLE **D** ☐ Delete
 NAME **MOROUN, MATTHEW T**
 STREET ADDRESS **835 LAKESHORE**
 CITY-ST-ZIP **GROSSE POINT SHORE MI 48236**

TITLE **D** ☐ Delete
 NAME **WILKINS, CHARLES F**
 STREET ADDRESS **932 LONGLAKE DR.**
 CITY-ST-ZIP **BRIGHTON MI 48116**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
 Date

429-361-9111
 Daytime Phone #

CR2E034 (9/01)