

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90231 045 ***150.00

DOCUMENT # F97000005956



1. Entity Name
YUKON TRUCKING COMPANY, INC.

Principal Place of Business
**127 PINE ST.
NEWPORT NH 03773**

Mailing Address
**P O BOX 48
NEWPORT NH 03773**



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 **02-0474075**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILSON, DAVID
4650 JUSTINE WOOD RD.
FT MYERS FL 33905**

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. 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

TITLE	PTDC	<input type="checkbox"/> Delete
NAME	SKARIN, CHRISTINE W	
STREET ADDRESS	76 BOYLAND RD	
CITY-ST-ZIP	NEWPORT NH 03773	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHIPPLE, LORRETTA	
STREET ADDRESS	127 PINE STREET	
CITY-ST-ZIP	NEWPORT NH 03773	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHIPPLE, TODD	
STREET ADDRESS	127 PINE STREET	
CITY-ST-ZIP	NEWPORT NH 03773	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHIPPLE, CARY L	
STREET ADDRESS	127 PINE STREET	
CITY-ST-ZIP	NEWPORT NH 03773	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHIPPLE, CARY G	
STREET ADDRESS	127 PINE STREET	
CITY-ST-ZIP	NEWPORT NH 03773	
TITLE	S	<input type="checkbox"/> Delete
NAME	LORETTA, WHIPPLE	
STREET ADDRESS	127 PINE STREET	
CITY-ST-ZIP	GEORGE MILLS NH 03751	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)