

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003548

1. Entity Name

FRONTIER TANK LINES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 560066
DALLAS TX 75356

P.O. BOX 560066
DALLAS TX 75356

2. Principal Place of Business

3. Mailing Address

100 N. CENTRAL EXP.

100 N. CENTRAL EXP.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 1115

SUITE # 1115

City & State

City & State

RICHARDSON, TX

RICHARDSON, TX

Zip

Country

Zip

Country

75080

USA

75080

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALTERMAN, ROY
1901 S HARBOR CITY BLVD
STE 616
MELBOURNE FL 32901

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

BRAD DAWSON PRESTON

12-31-2000

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)

X

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	DAWSON, CHARLES BRAD	
STREET ADDRESS	618 ROCKCROSSING	
CITY-ST-ZIP	ALLEN TX 75002	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, SCOTT JAY	
STREET ADDRESS	2232 TANGLEWOOD	
CITY-ST-ZIP	MESQUITE TX 75181	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLLINS, STEVEN MICHAEL	
STREET ADDRESS	1006 WINDYMEADOW	
CITY-ST-ZIP	MCKINNEY TX 75069	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLT, CHRIS	
STREET ADDRESS	459 GRAHAM	
CITY-ST-ZIP	COPPELL TX 75019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

BRAD DAWSON

12-31-2000

972-671-3410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0568780

CR2E034 (10/00)