

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0000591 AV

DOCUMENT # **G82840**

1. Entity Name
SEVERANCE TRUCKING, INC.

02-11-2002 90139 048 ***150.00

Principal Place of Business
RT 12 BOX 42 A
LAKE CITY FL 32025
US

Mailing Address
RT 12 BOX 42 A
PRICE CK RD STR 245
LAKE CITY FL 32025
US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2373156** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SEVERANCE, CHARLES
RT 12 BOX 42A
PRICE CREEK RD
LAKE CITY FL 32025

7. Name and Address of New Registered Agent
 Name ~~Charles Sevrance~~
 Street Address (P.O. Box Number is Not Acceptable)
~~160 BELLAIR LOOP~~
 City ~~LAVERGNEVILLE~~ **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 Charles Sevrance DATE 1-26-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	ST	<input type="checkbox"/> Delete
NAME	SEVERANCE, MALVARIE	
STREET ADDRESS	RT 2 BOX 42A PRICE CK RD	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SEVERANCE, CHARLES	
STREET ADDRESS	RT 12 BOX 42A PRICE CK RD	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SEVERANCE, MICHAEL C.	
STREET ADDRESS	436 LAMOUR DR	
CITY-ST-ZIP	MACON GA	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLINIX, CHARLENE	
STREET ADDRESS	160 BELLAIR LOOP	
CITY-ST-ZIP	FAYETTEVILLE GA 30215	
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		
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: Charles Sevrance DATE 1-26-02 386-752-3822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)