

2002 UNIFORM BUSINESS REPORT (UBR)

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

0003531 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2373156

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEVERANCE, CHARLES
 RT 12 BOX 42A
 PRICE CREEK RD
 LAKE CITY FL 32025

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 Charles Severance

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

(NOTE: Registered Agent signature required when reinstating)

1-26-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS SEVERANCE, MALVARIE
 CITY-ST-ZIP RT 2 BOX 42A PRICE CK RD
 LAKE CITY FL

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

TITLE ☐ Delete
 NAME P
 STREET ADDRESS SEVERANCE, CHARLES
 CITY-ST-ZIP RT 12 BOX 42A PRICE CK RD
 LAKE CITY FL

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

TITLE ☒ Delete
 NAME VP
 STREET ADDRESS SEVERANCE, MICHAEL C.
 CITY-ST-ZIP 436 LAMOUR DR
 MACON GA

TITLE ☐ Change ☒ Addition
 NAME VP
 STREET ADDRESS MULLINIX, CHARLENE
 CITY-ST-ZIP 160 BELLAIRE LOOP
 FAYETTEVILLE GA 30215

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Severance **SIGNATURE REQUIRED** CHALES SEVERANCE 1-26-02 386-752-3822
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)