

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90018 050 ***150.00

0565198 AT

DOCUMENT # H35963

1. Entity Name
L/C TRUCKING CO., INC.

Principal Place of Business

% E.L. CREWS, JR.
 ROUTE 1, BOX 672
 SANDERSON FL 32087

Mailing Address

% E.L. CREWS, JR.
 ROUTE 1, BOX 672
 SANDERSON FL 32087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

E.L. CREWS JR.

E.L. CREWS JR.

Suite, Apt. #, etc.

RT 1 BX 1065

Suite, Apt. #, etc.

ST. GEORGE, GA.

City & State

Zip

31646

Country

CHARLTON

Zip

32087

Country

BAKER

4. FEI Number

59-2885166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CREWS, E.L. JR.
ROUTE 1, BOX 672
SANDERSON FL 32087

7. Name and Address of New Registered Agent

Name

CREWS, E.L. JR.

Street Address (P.O. Box Number is Not Acceptable)

28682 LACY CREWS ROAD

City

SANDERSON

FL

Zip Code

32087

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input type="checkbox"/> Delete
NAME	CREWS, DEBORAH J	
STREET ADDRESS	RT 1 BOX 672 N/A	
CITY-ST-ZIP	SANDERSON FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CREWS, E. L. III	
STREET ADDRESS	RT 1 BOX 672 N/A	
CITY-ST-ZIP	SANDERSON FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, DEBORAH J	
STREET ADDRESS	28682 LACY CREWS ROAD	
CITY-ST-ZIP	SANDERSON, FL 32087	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, E. L. III	
STREET ADDRESS	21805 WINT REWIS ROAD	
CITY-ST-ZIP	SANDERSON, FL 32087	
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
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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:

CREWS, E. L. III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-02

Date

904 2597325

Daytime Phone #

CR2E034 (9/01)