

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H59099**

1. Entity Name

LESLIE TRANSPORTATION CORPORATION**FILED**
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90018 047 ***150.00

Principal Place of Business

**1616 ELM HILL PIKE
NASHVILLE TN 37210**

Mailing Address

**1616 ELM HILL PIKE
NASHVILLE TN 37210****C0037803**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1659691**

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****PAGE, MARTIN S.
228 E. DUVAL ST.
LAKE CITY FL 32055**

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BRUCE, LESLIE A.	6516 MAPLEDOWNS DR.	FT. WAYNE IN	<input type="checkbox"/>
P	BRUCE, ROBERT E.	1616 ELM HILL PIKE	NASHVILLE TN 37210	<input type="checkbox"/>
VP	HAGAN, KATHLEEN	6728 DARDEN PL.	NASHVILLE TN 37205	<input type="checkbox"/>
D	JANET HAGAN	6728 DARDEN PL.	NASHVILLE TN 37205	<input type="checkbox"/>
D	JASON BRUCE	1616 ELM HILL PIKE	NASHVILLE TN 37210	<input type="checkbox"/>

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)