

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90129 019 \*\*\*550.00

**DOCUMENT # H90407**

1. Entity Name  
**THOROUGHbred FREIGHT LINES, INC.**



Principal Place of Business  
**% JAMES MOONEY**  
**7400 N.W. 55TH AVE.**  
**OCALA FL 32675**

Mailing Address  
**% JAMES MOONEY**  
**7400 N.W. 55TH AVE.**  
**OCALA FL 32675**

2. Principal Place of Business

**5001 LOUISIANA AVE**  
Suite, Apt. #, etc.

3. Mailing Address

**5001 LOUISIANA AVE**  
Suite, Apt. #, etc.

City & State  
**NASHVILLE TN**

Zip  
**37209** Country  
**USA**

City & State  
**NASHVILLE TN 37209**

Zip  
**37209** Country  
**USA**

4. FEI Number **59-2521135**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MOONEY, JAMES**  
**7400 N.W. 55TH AVE.**  
**OCALA FL 32675**

7. Name and Address of New Registered Agent

Name **ROBERT BRUCE**  
Street Address (P.O. Box Number is Not Acceptable)  
**7400 NW 55th AVE**  
City **OCALA** FL Zip Code **32675**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert Bruce** **ROBERT BRUCE** **9/3/3**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **MOONEY, JAMES**  
STREET ADDRESS **7400 NW 55TH AVE.**  
CITY-ST-ZIP **OCALA FL**

TITLE **P** ☐ Delete  
NAME **BRUCE, ROBERT**  
STREET ADDRESS **1616 ELM HILL PIKE**  
CITY-ST-ZIP **NASHVILLE TN 37210**

TITLE **SD** ☐ Delete  
NAME **HAGAN, KATHLEEN**  
STREET ADDRESS **1616 ELM HILL PIKE**  
CITY-ST-ZIP **NASHVILLE TN 37210**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **ROBERT BRUCE**  
STREET ADDRESS **5001 LOUISIANA AVE**  
CITY-ST-ZIP **NASHVILLE TN 37209**

TITLE **SD** ☒ Change ☐ Addition  
NAME **KATHLEEN HAGAN**  
STREET ADDRESS **5001 LOUISIANA AVE**  
CITY-ST-ZIP **NASHVILLE TN 37209**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KATHLEEN HAGAN** **KATHLEEN HAGAN** **9/3/3** **(615) 399 9277**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)