

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90078 034 ***150.00

DOCUMENT # J14071

1. Entity Name
UNITED TRUCKING CO., INC.



Principal Place of Business
2121 N.W. 67 PLACE
GAINESVILLE FL 32653
US

Mailing Address
13607 N.W. 50 AVENUE
GAINESVILLE FL 32606-3562
US

30011316



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
ACACUA FL

4. FEI Number 59-2676875

Applied For
Not Applicable

Zip

Country

Zip
32616 Country
USA

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

6. Name and Address of Current Registered Agent **0729**

7. Name and Address of New Registered Agent

REMBERT, DAVIS M.
13607 N.W. 50 AVENUE
GAINESVILLE FL 32606-3562

Name

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

18630 N.W. CR 239

City **ACACUA**

FL

Zip Code
32615

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **REMBERT, DAVIS M.**
STREET ADDRESS **13607 N.W. 50 AVENUE**
CITY-ST-ZIP **GAINESVILLE FL**

☒ Change ☐ Addition
TITLE
NAME **18630 N.W. CR 239**
STREET ADDRESS **ACACUA FL**
CITY-ST-ZIP **32615**

TITLE **DP** ☐ Delete
NAME **REMBERT, JUDITH C.**
STREET ADDRESS **13607 N.W. 50 AVENUE**
CITY-ST-ZIP **GAINESVILLE FL**

☒ Change ☐ Addition
TITLE
NAME **18630 N.W. CR 239**
STREET ADDRESS **ACACUA FL**
CITY-ST-ZIP **32615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

Date

386-418-1082

Daytime Phone #

CR2E034 (10/02)