2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K15058

1. Entity Name

RAY BATEMAN TRUCKING, INC.



FILED Mar 26, 2003 8:00 am 3 Secretary of State

03-26-2003 90186 045 ***150.00

Maining Address Save & BUTLER RD. AVON PARK FL 33825 2. Principal Place of Business Suiter April*9 Roc. 2. Principal Place of Business Suiter April*9 Roc. 2. Principal Place of Business Suiter April*9 Roc. Cety A State A FEI Number Speaker of Status Desirted State Applies of Number is Not Acceptable) Street Address of Number is Not Acceptable) Street Address (F.C. Star Number is Number is Not Acceptable) Street Address (F.C. Star Number is Number is Not Acceptable) Street Address (F.C. Star Number is Numbe						GOD WE	ES						
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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 Superior Super	5244 E BI	UTLER RD.		Street Address			dress (P.O.	P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	AVON PA	RK FL 3382	25	4									}
the obligations of registered agent. SIGNATURE Signature Signature Signature, highest or provided name of registered agent top: tills / applicable. (NOTE: Registered Agent signature required when revisating) DATE					_				_	┗╎		1	
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Arter May 1 2003 Fee will be \$550.00 May be Make Check Payable to-Florida Department of State Name	SIGNATURE .	Signature, typed	or printed name of registered agent a	od title if applicable. (NC	OTE: Registere	d Agent signature	required when	n reinstating)		DATE			
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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

3-24-03/

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