

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1462150

1. Entity Name

HUNTINGTON TRUCKING SERVICE INC

FILED

02 SEP 23 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500007981375--9

-09/24/02--01042--008

\*\*\*\*150.00 \*\*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8630 GIBSON OAKS DR

3. Mailing Address

P.O. Box 91073

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE LAND FLORIDA

City & State

LAKE LAND FL

Zip

Country

Zip

Country

33809

POLK

33804-1073

POLK

4. FEI Number

59-2930193

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

Name

RICHARD A. HUNTINGTON

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

8630 GIBSON OAKS DR

LAKE LAND, FLORIDA

City

FL

Zip Code

33809

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRES  
RICHARD A. HUNTINGTON  
8630 GIBSON OAKS DR  
LAKE LAND FL 33809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V.PRES, T+S  
CAROLYN HUNTINGTON  
8630 GIBSON OAKS DR  
LAKE LAND FL 33809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CAROLYN HUNTINGTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-02

Date

863-858-1128

Daytime Phone #

CR2E034B (12/01)

File ID # 59-2930193

I have checked & I can't find where this check cleared or not. My statement for Feb I don't have. Please if you can't find where it came to you, here is a check to replace that one and a copy of the form where I sent you.

Thank you!  
Barbara Huntington