

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02998

1. Entity Name
LCM TRUCKING, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90071 015 ***150.00

Principal Place of Business 10213 ALTAVISTA AVE #102 TAMPA FL 33647 US	Mailing Address 10213 ALTAVISTA AVE #102 TAMPA FL 33647 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 34546 MERION CT. Suite, Apt. #, etc.	3. Mailing Address 34546 MERION CT. Suite, Apt. #, etc.
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City & State DADE City FL	City & State DADE City FL
Zip 33525	Zip 33525
Country US	Country US

4. FEI Number 59-2962007	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MURPHY, LORRAINE 10213 ALTAVISTA AVE #102 TAMPA FL 33647
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7. Name and Address of New Registered Agent Name MURPHY, LORRAINE Street Address (P.O. Box Number is Not Acceptable) 34546 MERION CT. City DADE City FL Zip Code 33525

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 <i>Lorraine Murphy</i> Signature, typed or printed name of registered agent and title if applicable.	<i>LORRAINE MURPHY</i> (NOTE: Registered Agent signature required when reinstating)	<i>2-21-01</i> DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MURPHY, LORRAINE 10213 ALTAVISTA AVE TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MURPHY, LORRAINE 34546 MERION CT. DADE City, FL. 33525 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <i>Lorraine Murphy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>LORRAINE MURPHY</i>	<i>2-21-01</i> Date	<i>352-588-9799</i> Daytime Phone #
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CR2E034 (10/00)