

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90141 007 ***150.00

DOCUMENT # L76014

1. Entity Name
LABONTE TRANSPORTATION SERVICES, INC.



Principal Place of Business
**9 DAN'S CIRCLE
LAKE WALES FL 33859
US**

Mailing Address
**9 DAN'S CIRCLE
LAKE WALES FL 33859
US**



2. Principal Place of Business
187 Dan's Terrace
Suite, Apt. #, etc.

3. Mailing Address
187 Dan's Terrace
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Lake Wales FL
Zip
33859
Country

City & State
Lake Wales FL
Zip
33859
Country

4. FEI Number **65-0204342**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LABONTE, MARK A.
9 DAN'S CIRCLE
LAKE WALES FL 33859**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
187 Dan's Terrace
City **Lake Wales** **FL** Zip Code **33859**

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **LABONTE, MARK A.**
STREET ADDRESS **9 DAN'S CIRCLE**
CITY-ST-ZIP **LAKE WALES FL 33859**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **187 Dan's Terrace**
CITY-ST-ZIP **Lake Wales FL 33859**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

LABONTE, MARK A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)