

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90110 012 ***158.75

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DOCUMENT # L86568

1. Entity Name
WAYNE CARR TRUCKING INC.



Principal Place of Business
**30499 N. HWY 441
OKEECHOBEE FL 34972**

Mailing Address
**30499 N. HWY 441
OKEECHOBEE FL 34972**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0210606

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARR, WAYNE E.
30499 N. HWY 441
OKEECHOBEE FL 34972**

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
CARR, WAYNE E.
30499 N. HWY 441
OKEECHOBEE FL 34972**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VTDS
CARR, CYNTHIA L.
30499 N. HWY 441
OKEECHOBEE FL 34972**

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Cynthia L. Carr

Date

Daytime Phone #

CR2E034 (10/03)

Attachment
90134916
L86568

5/13/03

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES ST.
TALLAHASSEE, FL 34972

TO WHOM IT MAY CONCERN:

AS YOU CAN SEE I HAVE TWO FILINGS TO MAKE. MY HUSBAND WAS IN A NEAR FATAL ACCIDENT APPROX. 6 WEEKS AGO, EVERYTHING WE HAVE FOR BOTH CORPORATIONS WAS DONE BY THE TWO OF US AND I'M AFFRAID I GOT TERRIBLY BEHIND. PLEASE TAKE THIS INTO CONSIDERATION AS \$800 FOR THE TWO FOR LATE FEES WOULD BE A GREAT HARDSHIP ON US RIGHT NOW.

I SPOKE TO A GENTLEMAN BY THE NAME OF PATRICK AND HE ADVISED ME TO SEND THEM BOTH IN WITH THE \$150 FEE.

THANKS SO MUCH, IT IS GREATLY APPRECIATED,



CYNTHIA L. CARR
30499 N. HWY 441
OKEECHOBEE, FL 34972

863-634-5285