## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

.86568

DOCUMENT #

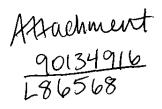


May 15, 2003 8:00 am § Secretary of State 05-15-2003 90110 012 \*\*\*158.75

1. Entity Name WAYNE CARR TRUCKING INC. Principal Place of Business Mailing Address 30499 N. HWY 441 30499 N. HWY 441 OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0210606 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARR. WAYNE E. . . Street Address (P.O. Box Number is Not Acceptable) 30499 N. HWY 441 OKEECHOBEE FL 34972 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE Change CARR, WAYNE E. NAME NAME STREET ADDRESS 30499 N. HWY 441 STREET ADORESS CITY-ST-ZIP **OKEECHOBEE FL 34972** CITY-ST-7IP TITLE ☐ Delete Addition **VTDS** TITLE Change NAME CARR, CYNTHIA L. NAME STREET ADDRESS STREET ADDRESS 30499 N. HWY 441 CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34972** ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change [ ] Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 a dotter than the component of the

SIGNATURE:



5/13/03

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

TO WHOM IT MAY CONCERN:

ASYOU CAN SEE I HAVE TWO FILINGS TO MAKE. MY HUSBAND WAS IN A NEAR FATAL ACCIDENT APPROX. 6 WEEKS AGO, EVERYTHING WEHAVE 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,

CYNTHA L. CARR 30499 N.HWY 441

OKEECHOBEE, FL 34972

863-634-5285