

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M73449

1. Entity Name
OTIS TRUCKING COMPANY, INC.

Principal Place of Business

8139 SR 33 N
LAKELAND FL 33809

Mailing Address

PO BOX 90976
LAKELAND FL 33809

2. Principal Place of Business

1458 Johnson Rd

3. Mailing Address

P.O. Box 1466

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Auburndale FL

City & State

Auburndale FL

Zip

Country

33823 USA

Zip

Country

33823 USA

6. Name and Address of Current Registered Agent

SHUMATE, OTIS D., SR.
1458 JOHNSON RD.
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

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.

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) ☐

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHUMATE, OTIS D., SR	
STREET ADDRESS	1458 JOHNSON RD.	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHUMATE, BOBBIE JEAN	
STREET ADDRESS	1458 JOHNSON RD.	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Otis D. Shumate Otis D. Shumate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 863 984 9455

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90149 003 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2876470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)