

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90255 005 ***150.00

DOCUMENT # M73449

1. Entity Name
OTIS TRUCKING COMPANY, INC.

Principal Place of Business
1458 JOHNSON RD
AUBURNDALE FL 33823

Mailing Address
~~PO BOX 1446~~
~~AUBURNDALE FL 33823~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1458 Johnson RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

AUBURNDALE, FL.

4. FEI Number

59-2876470

Applied For

Not Applicable

Zip

Country

Zip

Country

33823

POLK

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

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OTIS D. SHUMATE SR. 1-15-02 8639849405

CR2E034 (9/01)