

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90236 005 \*\*\*550.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P00000008729**

1. Entity Name  
**WILCOX TRUCKING, INC.**

Principal Place of Business

**2583 S. JONES ST.  
 MILTON FL 32570**

Mailing Address

**2583 S. JONES ST.  
 MILTON FL 32570**

2. Principal Place of Business

3. Mailing Address

P.O. Box 3770

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City & State  
 Milton, FL

4. FEI Number

59-3623970

Applied For

Not Applicable

Zip

Country

Zip

Country

32572

USA

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

**WILCOX, TERRY G  
 2583 S. JONES ST.  
 MILTON FL 32570**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTD  
 WILCOX, TERRY G  
 2583 S. JONES ST.  
 MILTON FL 32570**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VSD  
 WILCOX, BARBARA J  
 2583 S. JONES ST.  
 MILTON FL 32570**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/01

Date

(850) 206-3393

Deputy Phone #

CR2E034 (5/01)