

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

BILMAR TRUCKING, INC

Principal Place of Business

Mailing Address

BILMAR TRUCKING INC
1070 WILLOWOOD LN
GRACEVILLE, FL 32440

1070 WILLOWOOD LN
GRACEVILLE FL 32440

2. Principal Place of Business

3. Mailing Address

BILMAR TRUCKING INC

1070 WILLOWOOD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GRACEVILLE

City & State
FL

4. FEI Number

59-3627796

Applied For

Not Applicable

Zip
32441

Country
HOLMES

Zip
32440

Country
HOLMES

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

William F Youngblood
1070 WILLOWOOD LN
GRACEVILLE, FL 32440

Name
MARY L Youngblood

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

1070 WILLOWOOD LN

City
GRACEVILLE

FL

Zip Code
32440

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 Mary L Youngblood

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-14-01

DATE

9. This corporation is eligible to satisfy its Intangible

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT William F Youngblood 1070 WILLOWOOD LN GRACEVILLE FL 32440	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY William F Youngblood 1070 William Youngblood GRACEVILLE FL 32440	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURY William F Youngblood 1070 WILLOWOOD LN Graceville FL 32440	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER William F Youngblood 1070 WILLOWOOD LN GRACEVILLE FL 32440	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please Delete William F Youngblood From all of BILMAR Trucking Inc	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARY L Youngblood 1070 WILLOWOOD LN GRACEVILLE, FL 32440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARY L Youngblood 1070 WILLOWOOD LN GRACEVILLE, FL 32440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARY L Youngblood 1070 WILLOWOOD LN Graceville FL 32440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Mary L Youngblood 1070 WILLOWOOD LN GRACEVILLE, FL 32440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004466787-4 -07/10/01--01021--006 *****69.90 *****69.90	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary L Youngblood

6-14-01 850-263-6361

CR2E034 (11/00)