

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90466 021 ***150.00

DOCUMENT # P00000021645

1. Entity Name
BILMAR TRUCKING, INC.



Principal Place of Business
**1070 WILDWOOD LANE
GRACEVILLE FL 32440**

Mailing Address
**1070 WILDWOOD LANE
GRACEVILLE FL 32440**

2. Principal Place of Business
5320 - 17th Ave
Suite, Apt. #, etc.

3. Mailing Address
138 Noah Lucas Rd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL

City & State
Lexington, SC

4. FEI Number **59-3627796**

Applied For
☐ Not Applicable

Zip **33619** Country **Hillsboro Co.**

Zip **29073** Country **Lexington Co.**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**YOUNGBLOOD, MARY L
1070 WILDWOOD LANE
GRACEVILLE FL 32440**

7. Name and Address of New Registered Agent

Name **Barbara Youngblood**
Street Address (P.O. Box Number is Not Acceptable)
5320 - 17th Ave
City **Tampa** FL Zip Code **33619**

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

Barbara J. Youngblood
(NOTE: Registered Agent signature required when reinstating)

1-2-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **YOUNGBLOOD, MARY L**
STREET ADDRESS **1070 WILDWOOD LANE**
CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE **P** ☐ Delete
NAME **YOUNEBLOOD, BARBARA**
STREET ADDRESS **1070 WILDWOOD LANE**
CITY-ST-ZIP **GRACEVILLE FL 32440**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE: Barbara J. Youngblood **- President -**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-03
Date

803-622-5280
Daytime Phone #

CR2E034 (10/02)