

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90010 012 \*\*\*150.00

0534232 AV

DOCUMENT # **P00000022527**

1. Entity Name  
**F. PADGETT TRUCKING, INC.**

Principal Place of Business  
**514 S.W. 2ND AVENUE**  
**OCALA FL 34474**

Mailing Address  
**514 S.W. 2ND AVENUE**  
**OCALA FL 34474**



2. Principal Place of Business  
**36 Almond Pass Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**36 Almond Pass Dr**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Ocala FL**

City & State  
**Ocala, FL**

4. FEI Number **59-3629889**

Applied For  
 Not Applicable

Zip  
**34472**

Country  
**USA**

Zip  
**34472**

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**PADGETT, FRANK**  
**514 S.W. 2ND AVENUE**  
**OCALA FL 34474**

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 Frank Padgett Frank Padgett 1/9/02  
Signatures, 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.

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>PADGETT, FRANK</b><br><b>514 S.W. 2ND AVENUE</b><br><b>OCALA FL 34474</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Frank Padgett</b><br><b>36 Almond Pass</b><br><b>Ocala, FL. 34472</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <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: Frank Padgett 1/9/02 352694 3476  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)