FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90814 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041356

10095723

1. Entity Name
LAZY S TRUCKING INC.

Principal Place of Business
~~RR 4 BOX 7527~~
HILLIARD, FL 32046

Mailing Address
~~RR 4 BOX 7527~~
HILLIARD, FL 32046

2. Principal Place of Business	3. Mailing Address
274122 MURRHEE RD.	274122 MURRHEE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HILLIARD, FL	City & State: HILLIARD, FL
Zip: 32046 Country: NASSAU	Zip: 32046 Country: NASSAU

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3652449 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
STEWART, DAWN R
~~RR 4 BOX 7527~~ 274122 MURRHEE RD.
HILLIARD, FL 32046

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PTD NAME: STEWART, DAWN R STREET ADDRESS: RR 4 BOX 7527 CITY-ST-ZIP: HILLIARD, FL 32046	☐ Delete	TITLE: PTD NAME: ~~[illegible]~~ STEWART, DAWN M STREET ADDRESS: 274122 MURRHEE RD. CITY-ST-ZIP: HILLIARD, FLA 32046	☒ Change ☐ Addition
TITLE: VSD NAME: STEWART, GARY W STREET ADDRESS: RR 4 BOX 7527 CITY-ST-ZIP: HILLIARD, FL 32046	☐ Delete	TITLE: VSD NAME: STEWART, GARY W STREET ADDRESS: 274122 MURRHEE RD. CITY-ST-ZIP: HILLIARD, FL 32046	☒ Change ☐ Addition
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CR2E034 (10/02)

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: DMStewart 4-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #