

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 03, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000044927**1. Entity Name
ALL COUNTY TRANSPORT SERVICES, INC.

Principal Place of Business

3104 AVE. F N.W.

WINTER HAVEN
33880

FL

Mailing Address

3104 AVE. F N.W.

WINTER HAVEN
33880

FL

2. Principal Place of Business

BARTOW AIRBASE

3. Mailing Address

P.O. BOX 2294

Suite, Apt. #, etc.
BUILDING 237B

Suite, Apt. #, etc.

City & State

BARTOW

FL

City & State

WINTER HAVEN

FL

Zip

33830

Country

Zip

33883

Country

4. FEI Number

59-3646555

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCDERMID APRIL M
3104 AVE. F N.W.WINTER HAVEN
33880

FL

7. Name and Address of New Registered Agent

Name

MCDERMID GORDON SP

Street Address (P.O. Box Number is Not Acceptable)
1914 8TH ST. S.E.City
WINTER HAVEN

FL

Zip Code
33880

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 **GORDON SCOTT MCDERMID, PRESIDENT**

01/03/2001

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 \$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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDERMID APRIL M	
STREET ADDRESS	3104 AVE. F N.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDERMID GORDON SPRES	
STREET ADDRESS	1914 8TH ST. S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDERMID APRIL M	
STREET ADDRESS	1914 8TH ST. S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Gordon Scott McDermid**

Pres

01/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)