

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90140 016 ***150.00

DOCUMENT # P00000059192

1. Entity Name

W. ANDERSON TRUCKING, INC.



Principal Place of Business

5133 ANTLER TRAIL
MIDDLEBURG FL 32068

Mailing Address

5133 ANTLER TRAIL
MIDDLEBURG FL 32068

2. Principal Place of Business

5133 ANTLER TRAIL

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1868

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

MIDDLEBURG, FL

City & State

MIDDLEBURG FL

4. FEI Number

59-3667057

Applied For

Not Applicable

Zip

32068

Country

CLAY

Zip

32050

Country

CLAY

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, WARREN

5133 ANTLER TRAIL

MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name

ANDERSON WARREN

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

5133 ANTLER TRAIL

City

MIDDLEBURG

FL

Zip Code

32068

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

Warren Anderson

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, WARREN	
STREET ADDRESS	5133 ANTLER TRAIL	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Warren Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03

Date

904-291-3734

Daytime Phone #

CR2E034 (10/02)