

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061450

1. Entity Name

M&A TRUCKING OF CENTRAL FLORIDA, INC.

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

07-16-2001 90003 045 \*\*\*150.00  
 08-29-2001 90017 046 \*\*\*400.00

**C0075805**



DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                                                                                                                                         |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br>1382 NORTH U.S. HWY. 301<br>SUMTERVILLE FL 33585                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                | Mailing Address<br>1382 NORTH U.S. HWY. 301<br>SUMTERVILLE FL 33585                                                                     |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                               |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                | City & State                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                        | Zip                                                                                                                                     | Country                                                           |
| 4. FEI Number<br>59-3658859                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | Applied For<br>Not Applicable                                                                                                           |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                | \$8.75 Additional Fee Required                                                                                                          |                                                                   |
| 6. Name and Address of Current Registered Agent<br>JOHNSON, MICHAEL W<br>2320 NE 2ND ST., STE. 3A<br>OCALA FL 34470                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                                                                                                                                         |                                                                   |
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |                                                                   |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | \$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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PO<br>CROZIER, MARLA K<br>1382 NORTH U.S. HWY. 301<br>SUMTERVILLE FL 33585 <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SO<br>CROZIER, TERRY WAYNE<br>1382 NORTH U.S. HWY. 301<br>SUMTERVILLE FL 33585 <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: <i>Marla Crozier</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | Date: 7/20/01<br>Daytime Phone #: 350-363-5127                                                                                          |                                                                   |

*President*

CR2E034 (10/00)

ATTACHMENT

M & A TRUCKING OF CENTRAL FLORIDA, INC.

1382 N. US 301  
Sumterville, Fl.  
33585  
(352)748-1836

July 20, 2001

Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl.  
32302-1500

D# P000000061450

C0075805

Dear Friend,

I am responding to the letter I received today. I just recently changed from using a Bookkeeper to a Certified Public Accountant due to our previous bookkeeper not taking care of things properly and she gave me this report and said nothing to the effect of it having a due date or I would have very high fine. I am asking your help this one time to waive the \$400.00 fine. We are a new Corporation and I am new at this and I am at the mercy of someone else to do my paperwork until I learn more of the procedures. I would very much appreciate your help!

Sincerely,  
Marla Crozier  
President