

5/21

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-21-2002 91113 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Yr 2

DOCUMENT # P00000075380-1/1

1. Entity Name

W & C Trucking Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9165 PRISTINE circle

3. Mailing Address

9165 PRISTINE Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FLA

City & State

ORLANDO

FLA

4. FEI Number

59-3662663

Applied For

Not Applicable

Zip

32818

Country

USA

Zip

32818

Country

USA

5. Certificate of Status Desired

☐\$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Wayne R. EVANS

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

9165 PRISTINE Circle

City ORLANDO

FL

Zip Code 32818

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

Signature, printed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirements and elects to do so.
(See criteria on back)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	D	TITLE	
NAME	Wayne R. Evans	NAME	
STREET ADDRESS	9165 Pristine Circle	STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32818	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Wayne R. Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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