

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

MAJOR 11 AV

05-15-2002 90029 017 \*\*\*150.00

**DOCUMENT # P00000084799**

1. Entity Name  
**GREY WOLF TRUCKING, INC.**

Principal Place of Business ~~2799 16TH AVE NORTH~~  
**ST. PETERSBURG FL 33713**

Mailing Address ~~2739 16TH AVE. NORTH~~  
**ST. PETERSBURG FL 33713**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4000 24TH ST. N.**  
 Suite, Apt. #, etc.  
**# 1408**  
 City & State  
**ST. PETERSBURG, FL**

3. Mailing Address  
**4001 49TH ST. N.**  
 Suite, Apt. #, etc.  
**LOT #17**  
 City & State  
**ST PETERSBURG FL**

4. FEI Number **59-3668035**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip Country Zip Country  
**33714 U.S.A. 33709 USA**

6. Name and Address of Current Registered Agent

**CLARK, ERNEST N JR.**  
**2739 16TH AVE. NORTH**  
**ST. PETERSBURG FL 33713**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CLARK, ERNEST N JR</b> <b>2739 18TH AVE N</b> <b>SAINT PETERSBURG FL 33713</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CLARK, THERESA D</b> <b>2739 18TH AVE N</b> <b>SAINT PETERSBURG FL 33713</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>OTTAWAY, CHRISTINE</b> <b>1625 38TH AVE W</b> <b>SAINT PETERSBURG FL 33714</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: *Theresa D Clark* **THERESA D CLARK** 4/28/02 (127) 522-9467  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)