

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2002 90029 017 ***150.00

DOCUMENT # P00000084799

1. Entity Name
GREY WOLF TRUCKING, INC.

Principal Place of Business

~~2739 16TH AVE. NORTH~~
ST. PETERSBURG FL 33713

Mailing Address

~~2739 16TH AVE. NORTH~~
ST. PETERSBURG FL 33713

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

Zip

33714

Country

USA

Zip

33709

Country

USA

4. FEI Number

59-3668035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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, 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 **P** ☐ Delete
NAME **CLARK, ERNEST N JR**
STREET ADDRESS **2739 16TH AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **VP** ☐ Delete
NAME **CLARK, THERESA D**
STREET ADDRESS **2739 16TH AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **T** ☐ Delete
NAME **OTTAWAY, CHRISTINE**
STREET ADDRESS **1625 38TH AVE W**
CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

Theresa D Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)