

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90956 036 ***150.00

DOCUMENT # P00000084880

1. Entity Name

COUNTRY ROAD TRANSPORT, INC.



Principal Place of Business

~~1055 CULPEPPER ROAD~~ 5433 HWY 17 SOUTH
GREEN COVE SPRINGS FL 32043 BLDG #1

Mailing Address

5433 HWY 17 SOUTH
~~1055 CULPEPPER ROAD~~ BLDG #1
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

5433 HWY 17 South
Suite, Apt. #, etc.
BLDG #1

3. Mailing Address

5433 HWY 17 South
Suite, Apt. #, etc.
BLDG #1

City & State

Green Cove Springs, FL

City & State

Green Cove Springs, FL

Zip

32043

Country

US

Zip

32043

Country

US

4. FEI Number

59-3663123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

11020664



6. Name and Address of Current Registered Agent

SPENCER, REBECCA A
1055 CULPEPPER ROAD
GREEN COVE SPRINGS FL 32043

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 PST ☐ Delete
NAME SPENCER, REBECCA A
STREET ADDRESS 1055 CULPEPPER ROAD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE V ☐ Delete
NAME SPENCER, CHRIS L
STREET ADDRESS 1055 CULPEPPER ROAD
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-03 904-529-7244

CR2E034 (10/02)