

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

04-11-2001 90013 022 ***150.00

DOCUMENT # P00000089200

1. Entity Name

LONESOME M TRUCKING, INC.

Principal Place of Business

125 WEST ROMANA STREET
 SUITE 224
 PENSACOLA FL 32501

Mailing Address

125 WEST ROMANA STREET
 SUITE 224
 PENSACOLA FL 32501

40600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

24 W Chase St

3. Mailing Address

24 W Chase St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

31-1731885

Applied For

Not Applicable

Zip

32501

Country

Escambia

Zip

32501

Country

Escambia

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

LOZIER, DANIEL R
 425 WEST ROMANA STREET
 SUITE 224
 PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name: Daniel R. Lozier
 Street Address (P.O. Box Number is Not Acceptable):
 24 West Chase ST.
 City: Pensacola FL Zip Code: 32501

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

Daniel R. Lozier Registered Agent

1/11/01

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	☐ 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	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☒ Addition
NAME	Brooks L. Mack
STREET ADDRESS	501 Turnberry Rd
CITY-ST-ZIP	Cantonment, FL 32533
TITLE	☐ Change ☒ Addition
NAME	VP
STREET ADDRESS	Ennis Mack
CITY-ST-ZIP	501 Turnberry Rd
CITY-ST-ZIP	Cantonment, FL 32533
TITLE	☐ Change ☒ Addition
NAME	SIT
STREET ADDRESS	Margaret Mack
CITY-ST-ZIP	501 Turnberry Rd
CITY-ST-ZIP	Cantonment, FL 32533
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Brooks L. Mack Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01

Date

(850) 968-9987

Daytime Phone

CR2E034 (10/00)