

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90412 050 ***150.00

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DOCUMENT # P00000113346

1. Entity Name
TRUCKING NATION, INC.



Principal Place of Business
~~8801 HUNTERS LAKE DR., #413~~
~~TAMPA FL 33647~~

Mailing Address
~~8801 HUNTERS LAKE DR., #413~~
~~TAMPA FL 33647~~



2. Principal Place of Business
11302 Torrey Pines Dr.
Suite, Apt. #, etc.

3. Mailing Address
11302 Torrey Pines Dr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Riverview, FL
Zip
33569 Country

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Riverview, FL
Zip
33569 Country

4. FEI Number
59-3683538

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRANHAM, HOLLIS
~~8801 HUNTERS LAKE DR., #413~~ **11302 Torrey Pines Dr.**
~~TAMPA FL 33647~~ **Riverview, FL 33569**

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 **D** ☐ Delete
NAME **BRANHAM, HOLLIS**
STREET ADDRESS **8801 HUNTERS LAKE DR., #413**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **1ST** ☐ Delete
NAME **BRANHAM, HOLLIS**
STREET ADDRESS **8801 HUNTERS LAKE DR., #413**
CITY-ST-ZIP **TAMPA FL 33647**

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
NAME
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NAME
STREET ADDRESS
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:

Hollis D. Branham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **(813) 677-4009**
Date Daytime Phone #

CR2E034 (10/02)