

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**  
 02-13-2002 90116 001 \*\*\*150.00

0024455 AV

**DOCUMENT # P01000011361**

1. Entity Name  
**BIG FOOT HAULING, INC.**

Principal Place of Business Mailing Address  
 6956 OAKWOOD STREET 6956 OAKWOOD STREET  
 JACKSONVILLE FL 32208 JACKSONVILLE FL 32208

2. Principal Place of Business 3. Mailing Address

**709 TALLEY RAND AVE**

Suite, Apt. #, etc.

**SUITE #3**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL**

City & State

Zip

**32202**

Country

**FLORIDA**

Zip

Country

4. FEI Number

**59-3693040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SMITH, DAVID N**  
**6956 OAKWOOD STREET**  
**JACKSONVILLE FL 32208**

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 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, 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 : **PRESIDENT / DIRECTOR** ☐ Delete  
 NAME : **DAVID N. SMITH**  
 STREET ADDRESS : **709 TALLEY RAND AVE #3**  
 CITY-ST-ZIP : **JAX, FL 32202**

TITLE : **TREASURER / DIRECTOR** ☐ Delete  
 NAME : **THOMAS G. REGISTER, SR**  
 STREET ADDRESS : **709 Talleyrand Ave, #3**  
 CITY-ST-ZIP : **Jax, FL 32202**

TITLE : **Secretary / Director** ☐ Delete  
 NAME : **Bernadette Smith**  
 STREET ADDRESS : **709 Talleyrand Ave, #3**  
 CITY-ST-ZIP : **Jax, FL 32202**

TITLE : **Vice-President / Director** ☐ Delete  
 NAME : **Kevin T. Carter**  
 STREET ADDRESS : **709 Talleyrand Ave, #3**  
 CITY-ST-ZIP : **Jax, FL 32202**

TITLE : ☐ Delete  
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 STREET ADDRESS : ☐ Delete  
 CITY-ST-ZIP : ☐ Delete

TITLE : ☐ Delete  
 NAME : ☐ Delete  
 STREET ADDRESS : ☐ Delete  
 CITY-ST-ZIP : ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 STREET ADDRESS : ☐ Change ☐ Addition  
 CITY-ST-ZIP : ☐ Change ☐ 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: **Bernadette Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(904) 598-0248**

CR2E034 (9/01)