

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90204 040 ***150.00

DOCUMENT # P01000022078

1. Entity Name

D. & M. TRANSPORT, INC. OF HARDEE

DO NOT WRITE IN THIS SPACE

24074729

2. Principal Place of Business

5580 DALLAS McCLELLAN RD

Suite, Apt. #, etc.

3. Mailing Address

5580 DALLAS McCLELLAN RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ZOLFO SPRING, FL. 33890

City & State

ZOLFO spring, fl. 33890

Zip

33890

Country

HARDEE

Zip

33890

Country

HARDEE

4. FEI Number

65-1082914

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

ROOSEVELT S. ISAAC, SR.

Street Address (P.O. Box Number is Not Acceptable)

347 SOUTH ORANGE AVE.

ARCADIA, FLORIDA

City

FL

Zip Code

34266

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

Roosevelt S. Isaac, Sr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/04

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME DAVID A. LUKE
STREET ADDRESS 5580 DALLAS McCLELLAN RD.
CITY-ST-ZIP ZOLFO SPRING, FL. 33890

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 3000735730093
05/07/04-01080-008 ***150.00

TITLE S
NAME MARY L. LUKE
STREET ADDRESS 5580 DALLAS McCLELLAN. RD.
CITY-ST-ZIP ZOLFO SPRING, FL. 33890

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David A. Luke

PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/04

CR2E034B (12/01)