

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000030362

1. Entity Name
**LLOYD FREEMAN TRUCKING & HAULING PALLET
SALES, COMPANY**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 30 PM 2:18

Principal Place of Business
6432 KINGMAN TRL
TALLAHASSEE, FL 32309-1920

Mailing Address
6432 KINGMAN TRL
TALLAHASSEE, FL 32309-1920

2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

03

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2902845

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, LLOYD H
113 THOMPSON CIRCLE
TALLAHASSEE, FL 32312-9002

Name **Lloyd H. Freeman**

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

6432 Kingman TRL

CITY **Tallahassee**

FL

Zip Code

32309

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 resigning)

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 **P** Delete
NAME **FREEMAN, LLOYD H**
STREET ADDRESS **113 THOMPSON CIRCLE**
CITY-ST-ZIP **TALLAHASSEE, FL 323129002**

TITLE **CEO** Delete
NAME **FREEMAN, MARGARET V**
STREET ADDRESS **113 THOMPSON CIRCLE**
CITY-ST-ZIP **TALLAHASSEE, FL 323129002**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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 **6432 Kingman TRL**
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **6432 Kingman TRL**
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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:

Lloyd H Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

Date

Daytime Phone #

CR2E034 (10/02)