

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90085 036 ***150.00

DOCUMENT # P01000061103

1. Entity Name

THX TRANSPORT ENTERPRISES, INC.

Principal Place of Business

**1731 W BATAVIA RD
 AVON PARK FL 33825**

Mailing Address

**P O BOX 1801
 AVON PRK FL 33826-1801**

2. Principal Place of Business

1731 W. BATAVIA RD
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 1801
 Suite, Apt. #, etc.

City & State

Avon Park

City & State

Avon Park

Zip

33825

Country

USA

Zip

33826

Country

USA

4. FEI Number

59-3720755

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BENNETT, KARLA R
 1104 W PLEASANT ST
 AVON PARK FL 33825**

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 **PTD** ☐ Delete
 NAME **WILLIAMS, TERRY S**
 STREET ADDRESS **1731 W BATAVIA RD**
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **VSD** ☐ Delete
 NAME **WILLIAMS, HENRY T**
 STREET ADDRESS **1731 W BATAVIA RD**
 CITY-ST-ZIP **AVON PARK FL 33825**

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
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12 APRIL 2002

863-257-0504

CR2E034 (9/01)