

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000067503**

1. Entity Name
L & M TRANSPORTATION SERVICES, INC.

FILED
Sep 15, 2002 8:00 am
Secretary of State

05-12-2002 90539 043 ***150.00

044453 AV

42581

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2304 HIGHLAND STREET SOUTH ST. PETERSBURG FL 33705 <i>1717 168th South</i>		Mailing Address 2304 HIGHLAND STREET SOUTH ST. PETERSBURG FL 33705 <i>1717 168th South</i>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>St Pete's FL</i>		City & State <i>St Pete's FL</i>	
Zip <i>33705</i>	Country <i>America</i>	Zip	Country
4. FEI Number <i>5-93730766</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOLLIGAN, LYDIA H 2304 HIGHLAND STREET SOUTH ST. PETERSBURG FL 33705		7. Name and Address of New Registered Agent Name <i>Lydia H. Molligan</i> Street Address (P.O. Box Number is Not Acceptable) <i>2304 Highland St South</i> City <i>St Pete's</i> FL Zip Code <i>33705</i>	
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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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLLIGAN, LYDIA H 2304 HIGHLAND STREET SOUTH ST. PETERSBURG FL 33705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lydia H. Molligan* **4-25-02 (727) 823-3995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment

L & M TRANSPORTATION SERVICES, INC
2304 HIGHLAND STREET SOUTH
ST PETERSBURG, FL 33705
727-823-3995

42581

#P01006067503

September 12, 2002

Division of Corporation
P O Box 6327
Tallahassee, FL 32314

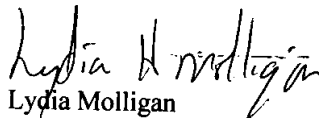
Dear Examiner:

I am writing to request a waiver of the late fee. I am a new corporation and I filed my annual report on time. I received a letter around mid May, 2002 stating that my annual report did not include my federal identification number on line 4. I did not respond in a timely manner, causing the information to not get to the department on time.

Unfortunately, I am unable to pay the fine and I requesting that the late fee be waived. Thank you for your consideration in this matter. This will not happen again.

Please find attached to this correspondence the information you requested.

Sincerely,


Lydia Molligan
President

attachment