

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90056 037 ***150.00

DOCUMENT # PO1000079424

1. Entity Name

BOB MATTHEWS TRUCKING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5700 ARNOLD RD

Suite, Apt. #, etc.

3. Mailing Address

5700 ARNOLD RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY FL

Zip

32404

Country

USA

City & State

PANAMA CITY FL

Zip

32404

Country

USA

4. FEI Number

59-3735037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BOB S MATTHEWS

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

5700 ARNOLD RD

City

PANAMA CITY

FL

Zip Code

32404

**DO NOT WRITE
IN THIS SPACE**

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

Bob S Matthews

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

(NOTE: Registered Agent signature required when reinstating)

06-14-02

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BOB S MATTHEWS
5700 ARNOLD RD
PANAMA CITY FL 32404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTS
ATHAZNE P MATTHEWS
5700 ARNOLD RD
PANAMA CITY FL 32404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Bob S Matthews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-14-02 850 769 5292

Date

Daytime Phone #

CR20034B (12/01)