

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

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90031 023 ***150.00

DOCUMENT # P01000086198

1. Entity Name

BAXTER'S TRUCKING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4680 NW 8th DRIVE

Suite, Apt. #, etc.

3. Mailing Address

4680 NW 8th DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FLORIDA

City & State

PLANTATION FLORIDA

4. FEI Number

65-1132477

Applied For

Not Applicable

Zip

33317-1427

Country

BROWARD

Zip

33317-1427

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RUPERT G. BAXTER

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

4680 NW 8th DRIVE

City

PLANTATION

FL

Zip Code

33317

**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

Rupert Baxter PRES.

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

(NOTE: Registered Agent signature required when reinstating)

03/08/02

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 PRES
NAME RUPERT G. BAXTER
STREET ADDRESS 4680 N.W. 8th DRIVE
CITY-ST-ZIP PLANTATION, FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE-PRES
NAME LAURICE M. CAMPBELL
STREET ADDRESS 4680 N.W. 8th DRIVE
CITY-ST-ZIP PLANTATION, FLORIDA

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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:

Rupert Baxter PRES.

PRES.

03/08/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B-(12/01)