FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2003

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90180 041 ***150.00

DOCUMENT # P01000026198

1. Entity Name
BAXTER'S TRUCKING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
4680 NW 8 ST DRIVE	4680 NW 8 ST DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RUPERT G. BAXTER

Street Address (P.O. Box Number is Not Acceptable): 4680 NW 8 ST DRIVE

City: PLANTATION FL Zip Code: 33317

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. 03/08/03
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) ☐

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	TITLE	
NAME	RUPERT G. BAXTER	NAME	
STREET ADDRESS	4680 N.W. 8 ST DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VICE-PRES	TITLE	
NAME	LAURICE M. CAMPBELL	NAME	
STREET ADDRESS	4680 N.W. 8 ST. DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FLORIDA	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE 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. 03/08/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #