

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2003 8:00 am
Secretary of State

07-02-2003 90009 016 ***550.00

DOCUMENT # P01000104006

1. Entity Name
GCI TRUCKING, INC.



Principal Place of Business
3031 S E 29TH LANE
OKEECHOBEE FL 34974

Mailing Address
P O BOX 1223
OKEECHOBEE FL 34973

2. Principal Place of Business

14121 NE 14TH AVE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1223

Suite, Apt. #, etc.

City & State

OKEECHOBEE FL

City & State

OKEECHOBEE

4. FEI Number

65-1149004

Applied For

Not Applicable

Zip

34972

Country

US

Zip

FL

Country

34973

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, CHARLES E SR.
3031 SE 29TH LANE
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name **PATRICIA BROWN**

Street Address (P.O. Box Number is Not Acceptable)
14121 NE 14TH AVE

City

OKEECHOBEE

FL

Zip Code

34972

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia Brown

6-27-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **AUSTIN, CHARLES E SR.**
STREET ADDRESS **3031 SE 29TH LANE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **V** ☐ Delete
NAME **AUSTIN, SUSAN G**
STREET ADDRESS **3031 SE 29TH LANE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **R** ☒ Change ☐ Addition
NAME **AUSTIN, CHARLES E SR.**
STREET ADDRESS **14121 NE 14TH AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **V** ☒ Change ☐ Addition
NAME **AUSTIN, SUSAN G.**
STREET ADDRESS **14121 NE 14TH AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

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

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

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

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

12. 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 10 or Block 11 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

6-27-03 863-634-0276

Date

Daytime Phone #

CR2E034 (10/02)