

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000108097

1. Entity Name

E.M. COY TRANSPORTATION SOLUTIONS INC.

Principal Place of Business

1508 KEILY RUN
TALLAHASSEE FL 32301

Mailing Address

POST OFFICE BOX 462
TALLAHASSEE FL 32302

2. Principal Place of Business

Tallahassee FL
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 462
Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32302

Country

USA

Zip

Country

4. FEI Number

59-3730835

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUCKEY, MERY
1508 KEILY RUN
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: Ivery Luckey
Street Address (P.O. Box Number is Not Acceptable): 4137 Red Cedar Ct
City: Tallahassee FL Zip Code: 32311

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

Mery Luckey

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<i>President / CEO</i> <i>Ivery Luckey</i> <i>P.O. Box 462</i> <i>Tallahassee, FL 32302</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerment.

SIGNATURE:

Mery Luckey

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-12-2002 90567 012 ***150.00