

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
 03-27-2002 90020 015 ***150.00

DOCUMENT # P01000110328

1. Entity Name
LINDSAY HANSON TRUCKING, INC.

Principal Place of Business
10128 ARROWHEAD DRIVE
APT. 6
JACKSONVILLE FL 32257

Mailing Address
10128 ARROWHEAD DRIVE
APT. 6
JACKSONVILLE FL 32257

2. Principal Place of Business
10269 Macon Road

3. Mailing Address
10269 Macon Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32219 Country
USA

Zip
32219 Country
USA

4. FEI Number
59-3755840

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HANSON, LINDSAY L
10128 ARROWHEAD DRIVE
APT. 6
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name
Cynthia Hart
 Street Address (P.O. Box Number is Not Acceptable)
10269 Macon Road
 City
Jacksonville, FL Zip Code
32219

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 *Cynthia Hart* **Cynthia Hart, Accountant**

3/12/02

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)

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 **P** ☐ Delete
 NAME **HANSON, LINDSAY L**
 STREET ADDRESS **10128 ARROWHEAD DRIVE APT.6**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **V** ☐ Delete
 NAME **HANSON, AARON W**
 STREET ADDRESS **10128 ARROWHEAD DRIVE APT. 6**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **HANSON, LINDSAY L**
 STREET ADDRESS **10269 MACON ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32219**

TITLE **V** ☒ Change ☐ Addition
 NAME **HANSON, AARON W**
 STREET ADDRESS **10269 MACON ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32219**

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

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 empowered.

SIGNATURE: *Aaron Hanson* **Aaron Hanson, VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 **904 509-3421**

Date

Daytime Phone #

CR2E034 (9/01)