

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90141 040 ***150.00

DOCUMENT # P01000111843

1. Entity Name
FLORIDA FLATBED FREIGHTWAYS PLUS, INC.

Principal Place of Business Mailing Address
26650 HWY. 54 26650 HWY. 54
LUTZ FL 33559 LUTZ FL 33559



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
P.O. Box 7488

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Wesley Chapel, FL**

4. FEI Number **01-0582959** Applied For
 Not Applicable

Zip Country **33543 US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HÖLLER, PAULA
26650 HWY. 54
LUTZ FL 33559

Name **Holler, Paula**
 Street Address (P.O. Box Number is Not Acceptable)
7069 Old Pasco Road
Wesley Chapel, FL 33544

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 **Paula Holler - President** DATE **4/30/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLER, PAULA S 7069 OLD PASCO RD. WESLEY CHAPEL FL 33544	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Paula Holler** DATE: **4/30/02** DAYTIME PHONE #: **(813) 754-3528**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2002 05

CR2E034 (9/01)