

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90076 001 \*\*\*150.00

**DOCUMENT # P01000119168**

1. Entity Name  
**NEWTON'S TRUCKING, INC.**

Principal Place of Business

**390 N. HUDSON STREET  
 ORLANDO FL 32811**

Mailing Address

**390 N. HUDSON STREET  
 ORLANDO FL 32811**

**80109950**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**390 N. HUDSON ST.**  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ORLANDO FL**

City & State

4. FEI Number

**59-3759454**

Applied For

Not Applicable

Zip

**32811**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MALCOLM, JOE  
 390 N. HUDSON STREET  
 ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

**JOE MALCOLM**

Street Address (P.O.-Box Number is Not Acceptable)

**390 N. HUDSON STREET**

City

**ORLANDO**

FL

Zip Code

**32811**

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

*Joe Malcolm*

(NOTE: Registered Agent signature required when reinstating)

**4-27-02**

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 **PRESIDENT** ☐ Delete  
 NAME **JOE MALCOLM**  
 STREET ADDRESS **390 N. HUDSON ST**  
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME **P**  
 STREET ADDRESS **JOE MALCOLM**  
 CITY-ST-ZIP **390 N. HUDSON STREET**  
**ORLANDO FL 32811**

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

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

TITLE ☐ Change ☐ Addition  
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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: *Joe Malcolm*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-02**  
 Date

**(407) 698-9695**  
 Daytime Phone #

CR2E034 (9/01)