

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90111 032 \*\*\*150.00

**DOCUMENT # P02000023370**

1. Entity Name  
**PRE-CON TRANSPORTATION COMPNAY**



Principal Place of Business  
**1219 US HWY 301N STE A  
TAMPA FL 33619-3555**

Mailing Address  
**1219 US HWY 301N STE A  
TAMPA FL 33619-3555**

2. Principal Place of Business

3. Mailing Address

**1670 Estes Rd.**

**P.O. Box 4**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Alturas, Florida**

Zip

**33820**

Country

**PAK**

City & State

**Alturas, Florida**

Zip

**33820**

Country

**PAK**

4. FEI Number

**02-0554153**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURBEVILLE, DEWEY W SR  
1219 US HWY 301N STE A  
TAMPA FL 33619-3555**

Name

**Christopher L. Stricklen**

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

**1670 Estes Rd.**

City

**Alturas**

FL

Zip Code

**33820**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Christopher L. Stricklen**

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

(NOTE: Registered Agent signature required when reinstating)

**3/29/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TURBEVILLE, DEWEY W SR</b>	
STREET ADDRESS	<b>626 GIANT OAK ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33810</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D-P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Christopher L. Stricklen</b>	
STREET ADDRESS	<b>1670 Estes Rd.</b>	
CITY-ST-ZIP	<b>Alturas, FL 33820</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Christopher L. Stricklen**

DATE

**3/29/03**

**813-626-2545**

Daytime Phone #

CR2E034 (10/02)