

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90066 048 \*\*\*150.00

DOCUMENT # P02000026195

1. Entity Name  
VOLUSIA TRUCKING COMPANY



Principal Place of Business  
118 WEST ORANGE STREET  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
118 WEST ORANGE STREET  
ALTAMONTE SPRINGS FL 32714

Volusia Trucking Co. Volusia Trucking Co.

2. Principal Place of Business  
400 OAK SPRINGS CT

3. Mailing Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400 OAK SPRINGS CT

☒ CHECK HERE IF MAKING CHANGES

City & State  
DeBary, FL

City & State  
DeBary, FL

4. FEI Number  
80-0034070

Applied For  
Not Applicable

Zip  
32713

Country  
Volusia

Zip  
32713

Country  
Volusia

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

Name Kelley + Goldberg  
Street Address (P.O. Box Number is Not Acceptable)  
118 West Orange St  
Altamonte Springs, FL  
City FL Zip Code 32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
FOX, JOAN M  
118 WEST ORANGE STREET  
ALTAMONTE SPRINGS FL 32714 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

4/23/03

386-753-  
9021

Date

Daytime Phone #

CR2E034 (10/02)