


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90151 045 \*\*\*158.75

<b>DOCUMENT #</b> P02000054741	
1. Entity Name <b>GUARANTEED FREIGHTWAYS, INC.</b>	

Principal Place of Business <b>566 N E 199TH TERRACE MIAMI FL 33179</b>	Mailing Address <b>566 N E 199TH TERRACE MIAMI FL 33179</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GIBSON, CHARLES AUBREY 566 N E 199TH TERRACE MIAMI FL 33179</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GIBSON, CHARLES AUBREY 566 N E 199TH TERRACE MIAMI FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GIBSON, ANNETTE R 566 N E 199TH TERRACE MIAMI FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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) **SIGNATURE REQUIRED** 786-859-1970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

90131106  
PO200054741

**MYWAY ENTERPRISES**  
**3609 AVE R NW**  
**WINTER HAVEN, FL 33881**  
**PHONE: (863) 965-7056 FAX: (863) 965-7056**

2 May 2, 2003

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To Whom It May Concern:

I called your office Friday afternoon and spoke to a lady to ask for help. She told me I need to write a letter to you.

The UBR enclosed has given to me by my client to mail for them after I checked to make sure it was ready to file. I received it just in time to mail on the first of May. My mother was rushed to the hospital and placed in intensive care. I spent all day on the 1<sup>st</sup> and most of the 2<sup>nd</sup> at the hospital. Because of this, I missed the mail.

The report being filed late this year is strictly my fault. I am asking for a grace period on the late filing. Would you please waive the late filing fee, due to my emergency?

Thanking you in advance for your consideration and cooperation in this matter.

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Sincerely,



Lyn Boyle,  
MYWAY ENTERPRISES