## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR** P02000083137 DOCUMENT #

1. Entity Name

T.A.M. TRUCKING, INC.

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

03-31-2003 90222 029 \*\*\*150.00

Second   S	Principal Place of Business 13392 COOPER RD SPRING HILL FL 34809		Mailing Address 13392 COOPER RD SPRING HILL FL 34609								
City & State  City & State  City & State  City & State  Country  S. Country  S	2. Principal Place of Business		3. Mailing Address					<b>                                    </b>		O ILIKI KOOK TOBI	
Country   Zip   Country   Zip   Country   S. Certificate of Status Degined   St. 75 Additionals Rose Foundated   St. 75 Additionals Page   St. 75	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				. CHECK HERE IF MAKING CHANGES				
Country	City & State	е	City & State			4. FEI Number 5/ 0425099			ļ	Applied For	
TORRENCE, ALFRED W JR 6845 RIDGE RD PORT RICHEY FL 34668    Street Address (PO, Box Number is Not Acceptable)	Zip	Country	Zip	itry	5 Certificate of Status Desired S8.79						
TORRENCE, ALFRED W JR 8645 RIDGE RD PORT RICHEY FL 34668  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  State of Politics I statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the originate density submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the originate density submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the originate density of purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the originate density of purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the originate density agent a		6. Name and Address of Current				7. Nam	e and Address of New R	egistered A	gent		
SIGNATURE    City   FL   Zip Code			en a little i e en une segran	-Name == ===	post income consistent and a second s						
PORT RICHEY FL 34668  8. The above named entity submits this statement for the purpose of changing liss registered agent, or both, in the State of Florida. I am familiar with, and access this obligations or registered agent, or both, in the State of Florida. I am familiar with, and access this obligations or registered agent, or both, in the State of Florida. I am familiar with, and access this obligations or registered agent, or both, in the State of Florida. I am familiar with, and access this obligations or registered agent, or both, in the State of Florida. I am familiar with, and access this obligation of registered agent, or both, in the State of Florida. I am familiar with, and access this obligation of registered agent, or both, in the State of Florida. I am familiar with, and access this obligation of registered agent, or both, in the State of Florida. I am familiar with, and access this obligation of registered agent, or both, in the State of Florida. I am familiar with, and access this obligation of registered agent, or both, in the State of Florida. I am familiar with, and access this obligation of registered agent, or both, in the State of Florida. I am familiar with, and access this obligation of registered agent, or both, in the State of Florida. I am familiar with, and access this obligation of registered agent, or both, in the State of Florida. I am familiar with, and access this obligation of registered agent, or both, in the State of Florida. I am familiar with, and access this obligation of registered agent, or both, in the State of Florida. I am familiar with, and access the state of Florida. I am familiar with, and access the Florida. I am familiar with, and access the florida. I am familiar with, and access the florida of Florida. I am familiar with, and access the florida. I am familiar with, and access the florida of Florida. I am familiar with, and access the florida of Florida. I am familiar with, and access the florida of Florida. I am familiar with, and access the florida of Florida					Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and access the obligations of registered agent.  SIGNATURE  Signature, typed or printed harmoof registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003. Fige will be \$550.00 Make Check Payable to Figrida Department of State  10. OFFICERS AND DIRECTORS.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE Added To Fees The Added	·.										
SIGNATURE Sommun, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature recurred when rentation)  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fise will be \$550.00 Make Check Payable to Fighrida Department of State  10.				City			FL	Zip Co	de		
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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