

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/14/2003-90246-041-\$150.00-\$150.00 *
9/15/2003-90149-002-\$550.00-\$550.00

DOCUMENT # P02000102907

1. Entity Name

DEDICATED NORTHWEST CARRIERS, INC.



03 SEP 24 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

Principal Place of Business
140 ORLANDO AVE STE 280
WINTER PARK FL 32789

Mailing Address
140 ORLANDO AVE STE 280
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1847531

Applied For

Not Applicable

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 6W 22 ST 4 FLOOR
MIAMI FL 33145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 PD
NAME ESTRADA, EDGAR
STREET ADDRESS 140 ORLANDO AVE STE 280
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSD
NAME CRENSHAW, THEODORE B
STREET ADDRESS 140 ORLANDO AVE STE 280
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME CRENSHAW, MICHAEL A
STREET ADDRESS 140 ORLANDO AVE STE 280
CITY-ST-ZIP WINTER PARK FL 32789

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03

Date

Daytime Phone #

CR2E034 (4/03)