

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-23-2003 90271 018 ***150.00

DOCUMENT # P02000131735

1. Entity Name
SEMINOLE HEAVY HAULING INC.



Principal Place of Business
**8311 NW 53 STREET
LAUDERHILL FL 33351**

Mailing Address
**8311 NW 53 STREET
LAUDERHILL FL 33351**

2. Principal Place of Business

Lauderhill Fla.
Suite, Apt. #, etc.

3. Mailing Address

8311 NW 53 ST
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Lauderhill Fla.

City & State

Lauderhill Fla.

4. FEI Number

22-3887066

Applied For
☐ Not Applicable

Zip

33351

Country

U.S.

Zip

33351

Country

U.S.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, ALFRED
8311 NW 53 STREET
LAUDERHILL FL 33351**

7. Name and Address of New Registered Agent

Name **Alfred Morris**
Street Address (P.O. Box Number is Not Acceptable)
8311 NW 53 ST
City **Lauderhill** FL Zip Code **33351**

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 **Alfred Morris**

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

(NOTE: Registered Agent signature required when reinstating)

4/20/03

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

TITLE **PD**
NAME **MORRIS, ALFRED**
STREET ADDRESS **8311 NW 53 STREET**
CITY-ST-ZIP **LAUDERHILL-FL-33351**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Alfred Morris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

Date

954-572-5154

Daytime Phone #

CR2E034 (10/02)

88-954-572-0176