

2004

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90004 028 \*\*\*150.00

DOCUMENT # P03000011784

1. Entity Name  
M P W TRUCKING, INC.

**DO NOT WRITE IN THIS SPACE**

54059923

2. Principal Place of Business		3. Mailing Address PO BOX 23373	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FT. LAUDERDALE FL	
Zip	Country	Zip 33307	Country BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2313477	Applied For Not Applicable.
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MARCELLUS WASHINGTON	
Street Address (P.O. Box Number is Not Acceptable) 1201 NE 15th Ave. # 8	
City FT. LAUDERDALE FL	Zip Code 33304

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.

SIGNATURE *Marcellus Washington* MARCELLUS WASHINGTON 6/4/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR MARCELLUS WASHINGTON 1201 NE 15th AVE. # 8 FT. LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcellus Washington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARCELLUS WASHINGTON

954-325-9574

Daytime Phone #

CR2E034B (12/01)

54059923

JUNE 4, 2004

M P W TRUCKING, INC.  
PO BOX 23373.  
FT. LAUDERDALE, FL 33307  
P03000011784  
56-2313477

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

DEAR SIR OR MADAM:

ENCLOSED IS THE 2004 ANNUAL REPORT FOR  
OUR COMPANY AND THE \$150.00 PAYMENT THAT IS DUE.

THE REASON THIS FORM WAS NOT FILED PRIOR TO  
MAY 1st IS THAT WE NEVER RECEIVED THE RENEWAL IN THE MAIL.

A PERSON FROM YOUR OFFICE SAID "IF WE NEVER  
RECEIVED THE RENEWAL YOU WOULD ALLOW THE FORM TO BE  
FILED AT THIS TIME WITHOUT A PENALTY". THANK YOU VERY  
MUCH.

VERY TRULY YOURS,  
M P W TRUCKING, INC.

  
MARCELLUS WASHINGTON, PRESIDENT