

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05608

1. Entity Name

ABF CARTAGE, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90175 040 \*\*\*150.00

Principal Place of Business

Mailing Address

3801 OLD GREENWOOD RD  
FORT SMITH AR 72903  
US

P. O. BOX 10048  
FORT SMITH AR 72917-0048  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-0596079

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	STUBBLEFIELD, DAVID E.	3801 OLD GREENWOOD RD	FT. SMITH AR	<input type="checkbox"/>
S	COOPER, RICHARD F	3801 OLD GREENWOOD RD	FORT SMITH AR	<input type="checkbox"/>
T	DAVID E. LOEFFLER	3801 OLD GREENWOOD RD	FORT SMITH AR	<input type="checkbox"/>
DC	ROBERT A YOUNG III	3801 OLD GREENWOOD RD	FT SMITH AR	<input type="checkbox"/>
AS	MCCAFFREY, SHAUN M	3801 OLD GREENWOOD RD	FT SMITH AR	<input type="checkbox"/>
AT	MORTON, LAVON J	3801 OLD GREENWOOD RD	FORT SMITH AR 72903	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*J. Lavon Morton*  
J. LAVON MORTON

4/11/00

Date

501-444-6823

Daytime Phone #

CR2E034 (9/99)