

2001 UNIFORM BUSINESS REPORT (UBR)

2/11

FILED

Mar 09, 2001 8:00 am
Secretary of State

02-19-2001 90074 005 ***158.75

DOCUMENT # P40467

1. Entity Name

DMR TRUCKING, INC.

Principal Place of Business

824 CHADSWORTH AVENUE
SEFFNER FL 33584
US

Mailing Address

824 CHADSWORTH AVENUE
SEFFNER FL 33584
US

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 62-1444790

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

SIMMONS, NOBLE J III
824 CHADSWORTH AVE
SEFFNER FL 33584

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, 2001 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	CP	<input type="checkbox"/> Delete
NAME	WILLIAMS RUBY B.	
STREET ADDRESS	155 6TH AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	VC	<input type="checkbox"/> Delete
NAME	SIMMONS, WILLIAM G	
STREET ADDRESS	50 SHALLOW FORD RD., P.O. BOX 3193	
CITY-ST-ZIP	CHATTANOOGA TN	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SIMMONS, NOBLE J. III	
STREET ADDRESS	155 6TH AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILLIAMS, RUBY B.	
STREET ADDRESS	155 6TH AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Noble J. Simmons III	
STREET ADDRESS	824 CHADSWORTH AVE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Noble J. Simmons III	
STREET ADDRESS	824 CHADSWORTH AVE.	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDA SIMMONS	
STREET ADDRESS	824 CHADSWORTH AVE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDA SIMMONS	
STREET ADDRESS	824 CHADSWORTH AVE.	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CP2E034 (10/00)