

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90009 042 ***150.00

DOCUMENT # P93000051628



1. Entity Name
H.L. ALBRITTON TRANSPORTATION MANAGEMENT INC.

Principal Place of Business
209 CRYSTAL GROVE BLVD
~~STE 101~~
LUTZ FL 33549
US

Mailing Address
209 CRYSTAL GROVE BLVD
~~STE 101~~
LUTZ FL 33549
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DELETE

Suite, Apt. #, etc.

DELETE

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3191100**

Applied For

Not Applicable

Zip
33548

Country

Zip
33548

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

ALBRITTON, HOWARD
209 CRYSTAL GROVE BLVD
STE 101
LUTZ FL 33549

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33548

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ALBRITTON, HOWARD
209 CRYSTAL GROVE BLVD, #101
LUTZ FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

V
MILLER, CURTIS
209 CRYSTAL GROVE BLVD #101
LUTZ FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

VP- CHIEF FINANCIAL OFFICER
RUBY BOSWELL
209 CRYSTAL GROVE BLVD
LUTZ, FLORIDA 33548

☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

RUBY BOSWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/03

Daytime Phone #

813-948-2030

CR2E034 (10/02)