

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90007 038 \*\*\*150.00

**DOCUMENT # P93000068950**

**1. Entity Name**  
**ALDEN TRANSPORT COMPANY**

**Principal Place of Business**  
~~5200 33RD LANE~~ **8715 Seacrest Dr**  
~~SEBASTIAN FL 32950~~ **Vero Beach Fl**  
**32961**

**Mailing Address**  
**ALDEN TRANSPORT CO**  
**P.O. BOX 6463**  
**VERO BEACH FL 32961**

**2. Principal Place of Business**  
**new-see Above**

**3. Mailing Address**  
**Same**

**City & State**

**City & State**

**6. Name and Address of Current Registered Agent**

**BARNES, WILLIAM N**  
**255 SOUTH ORANGE AVENUE**  
**STE. 800**  
**ORLANDO FL 32801**

**4. FEI Number** **59-3210348**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **Zip Code**

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** \_\_\_\_\_ (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.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS** ☐ Delete **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11** ☐ Change ☐ Addition

**TITLE** **P** ☐ Delete  
**NAME** **BARNES, GLEN A JR**  
**STREET ADDRESS** ~~5200 33RD LN~~ **8715 Seacrest Dr**  
**CITY-ST-ZIP** ~~SEBASTIAN FL 32950~~ **Vero Beach Fl 32961**

**TITLE** **S** ☐ Delete  
**NAME** **BARNES, DEBRA M**  
**STREET ADDRESS** ~~5200 33RD LN~~ **8715 Seacrest Dr**  
**CITY-ST-ZIP** ~~SEBASTIAN FL 32950~~ **Vero Beach Fl 32961**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Delete  
**NAME**  
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**TITLE** ☐ Change ☐ Addition  
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**TITLE** ☐ Change ☐ 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:** Debra M. Barnes **RECORDED** **1-11-02** **561-978-065**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (9/01)