

2000 UNIFORM BUSINESS REPORT (UBR)

044080

DOCUMENT # P93000081504

1. Entity Name

WAR-MAR TRANSPORT, INC.

FILED

00 SEP 25 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11211 SHERROUSE RD
LAKELAND FL 33809

Mailing Address

7116 78TH ST. N.
PINELLAS PARK FL 33781-3733

2. Principal Place of Business

3. Mailing Address

95337 N. Socrum Loop Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKELAND FL

Zip

Country

Zip

Country

33809 FL

4. FEI Number

59-3209592

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

CUMMINGS, MARY B
7116 78TH ST. N.
PINELLAS PARK FL 33781

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 D
NAME CUMMINGS, MARY B
STREET ADDRESS 7116 78TH ST. N.
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BENNETT, JERRY E SR
STREET ADDRESS 13904 2ND STREET
CITY-ST-ZIP DADE CITY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

Mary B. Cummings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-00

Date

863 858 3377

Daytime Phone #

CR2E034 (9/99)