

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90039 009 \*\*\*150.00

03/04/78

**DOCUMENT # P93000081504**

1. Entity Name  
**WAR-MAR TRANSPORT, INC.**

Principal Place of Business  
 11211 SHERROUSE RD  
 LAKELAND FL 33809

Mailing Address  
 5337 N. SOCRUM LOOP RD., BOX 402  
 LAKELAND FL 33809

2. Principal Place of Business

3. Mailing Address

**11211 Sherrouse Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**LAKELAND FL**

4. FEI Number **59-3209592**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33810 POLK**

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, 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 **D** ☐ Delete  
 NAME **CUMMINGS, MARY B**  
 STREET ADDRESS **5337 N. SOCRUM LOOP RD., BX 402**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 all other like empowered.

SIGNATURE: **Mary B. Cummings (MARY B. Cummins)** **4-21-01** **863-858-3777**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)