

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90170 024 ***158.75

DOCUMENT # P93000088722

1. Entity Name

FREIGHT MANAGEMENT SERVICES, INC.

Principal Place of Business

7423 HS HWY 301
 RIVERVIEW FL 33569
 US

Mailing Address

PMB362
 1971 W. LUMSDEN R
 BRANDON FL 33511
 US

C0046977



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1406 TECH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL 33619

City & State

4. FEI Number

59-3214170

Applied For

Not Applicable

Zip

33619

Country

HILLSBOROUGH

Zip

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

**MCKINNEY, LARRY D
 11315 MCMULLEN LOOP
 RIVERVIEW FL 33569**

Name

LARRY D. MCKINNEY

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

1406 TECH BLVD

City **TAMPA**

FL

Zip Code **33619**

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 **LARRY D. MCKINNEY, PRESIDENT 4/3/01**

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **MCKINNEY, LARRY D**
 CITY-ST-ZIP **11315 MCMULLEN LOOP RIVERVIEW FL 33569**

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

TITLE ☐ Delete
 NAME **DSVT**
 STREET ADDRESS **MCKINNEY, PEGGY C.**
 CITY-ST-ZIP **11315 MCMULLEN LOOP RIVERVIEW FL 33569**

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

TITLE ☐ Delete
 NAME **VPO**
 STREET ADDRESS **NIMMONS, QULOCK**
 CITY-ST-ZIP **111 STONEGATE WAY MABLETON GA 30126**

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

TITLE ☐ Delete
 NAME **VPO**
 STREET ADDRESS **REID, GLEN**
 CITY-ST-ZIP **6261 BENT PINE DR. #102A ORLANDO FL 32822**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

PEGGY C MCKINNEY

4/3/01

813-626-7008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)

0333812