

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000057615**

1. Entity Name

AMERICAN BULK TRANSPORT, INC.**FILED****Feb 07, 2001 8:00 am**
Secretary of State

02-07-2001 90184 014 ***150.00

Principal Place of Business

15 KISSIMMEE AVENUE
OCFEE FL 34761
US

Mailing Address

P.O. BOX 561079
ORLANDO FL 32856
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3258698**

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

LANGLEY, RICHARD H ESQ
700 ALMOND STREET
CLERMONT FL 34712

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

William O. Moore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-29-01*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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LANGLEY, A E**
STREET ADDRESS **1831 BETT MAR LANE**
CITY-ST-ZIP **WINTER PARK FL**TITLE **VD** ☐ Delete
NAME **CRITTENDEN, EARL M**
STREET ADDRESS **1023 PINAR DRIVE**
CITY-ST-ZIP **ORLANDO FL 32825**TITLE **SD** ☐ Delete
NAME **MOORE, WILLIAM O**
STREET ADDRESS **13146 CASPER LANE**
CITY-ST-ZIP **CLERMONT FL 34711**TITLE **D** ☐ Delete
NAME **STEGALL, JERRY**
STREET ADDRESS **11569 COUNTY ROAD STE. 209**
CITY-ST-ZIP **OXFORD FL 34484**TITLE **TD** ☐ Delete
NAME **SCHUUR, HARRY III**
STREET ADDRESS **3226 DEBBIE DR**
CITY-ST-ZIP **ORLANDO FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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; that I am a 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 in Block 13 if I am an officer or director, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William O. Moore

Date

1-31-00

Daytime Phone #

407 877 3380

CR2E034 (10/00)