

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070712

1. Entity Name

S & M TRUCKING, INC.

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90055 003 \*\*\*150.00

Principal Place of Business

7625 SUN ISLAND DRIVE SOUTH  
SUITE 408  
SOUTH PASADENA FL 33707  
US

Mailing Address

7625 SUN ISLAND DRIVE SOUTH  
SUITE 408  
SOUTH PASADENA FL 33707  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3271374

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~RHOADES, JOHN A JR.~~  
~~2525 PASADENA AVE. SOUTH~~  
~~SUITE 11~~  
~~ST. PETERSBURG FL 33707~~

7. Name and Address of New Registered Agent

Name Michael E CLARK  
Street Address (P.O. Box Number is Not Acceptable)  
7625 SUN ISLAND DR S APT 408  
City SOUTH PASADENA FL Zip Code 33707

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

(NOTE: Registered Agent signature required when reinstating)

2/14/01  
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

TITLE	P	<input type="checkbox"/> Delete
NAME	MICHAEL E CLARK	
STREET ADDRESS	7625 SUN ISLAND DR S. APT 408	
CITY-ST-ZIP	SOUTH PASADENA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STARLING M CLARK	
STREET ADDRESS	7625 SUN ISLAND DR S APT 408	
CITY-ST-ZIP	S. PASADENA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael Clark  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01  
Date

727-367-8151  
Daytime Phone #

0359951

CR2E034 (10/00)