

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070809

1. Entity Name

FLYING C CARRIERS, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90107 026 \*\*\*150.00

Principal Place of Business

Mailing Address

1889 SW 15TH ST.  
 BELL FL 32619

P.O. BOX 807  
 BELL FL 32619-0807

2. Principal Place of Business

3. Mailing Address

1889 SW 15th St.

PO BOX 807

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bell FLA.

City & State

Bell FL

Zip

32619

Country

USA

Zip

32619

Country

USA

4. FEI Number

59-3285748

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

MURPHY, ROBERT W  
 420 N.E. 3RD STREET  
 FT. LAUDERDALE FL 33301

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 PS  
 NAME COBB, JAMES J  
 STREET ADDRESS 1889 SW 15TH ST.  
 CITY-ST-ZIP BELL FL 32619 ☐ Delete

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

TITLE VPT  
 NAME COBB, CAROLYN M  
 STREET ADDRESS 1889 SW 15TH ST.  
 CITY-ST-ZIP BELL FL 32619 ☐ Delete

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

TITLE D  
 NAME MURPHY, ROBERT W  
 STREET ADDRESS 420 N.E. 3RD STREET  
 CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Delete

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 NAME ☐ Delete  
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 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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: *Carolyn M Cobb* VICE-PRESIDENT 04-08-00 <sup>520</sup> 265-6053 or  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 352-463-3022

CR2E034 (9/99)