2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90125 022 ***155.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000070809

1. Entity Name
FLYING C CARRIERS, INC.

Principal Place of Business	Mailing Address
1889 SW 15TH ST. BELL FL 32619	P.O. BOX 807 BELL FL 32619

2. Principal Place of Business	3. Mailing Address
	106 York Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Towanda Pa
Zip / Country	Zip: 18848 / 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

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

7. Name and Address of New Registered Agent

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

TITLE	PS	☐ Delete
NAME	COBB, JAMES J	
STREET ADDRESS	1889 SW 15TH ST.	
CITY-ST-ZIP	BELL FL 32619	
TITLE	VPT	☐ Delete
NAME	COBB, CAROLYN M	
STREET ADDRESS	1889 SW 15TH ST.	
CITY-ST-ZIP	BELL FL 32619	
TITLE	D	☐ Delete
NAME	MURPHY, ROBERT W	
STREET ADDRESS	420 N.E. 3RD STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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: Carolyn M Cobb 4-24-01 (570) 265-6053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)