

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089725

1. Entity Name
OUTRIDER TRUCKING, INC.

Principal Place of Business
**1259 BAYSHORE ROAD
GULF BREEZE FL 32561**

Mailing Address
**1259 BAYSHORE ROAD
GULF BREEZE FL 32561**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EWING, RAYMOND M
1821 N. PACE BLVD.
PENSACOLA FL 32505**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **EWING, NORMA H**
STREET ADDRESS **1259 BAYSHORE ROAD**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **C.E.O., P., D.** ☒ Change ☐ Addition
NAME **Ewing, Norma H**
STREET ADDRESS **1259 Bayshore Road, Gulf Breeze, FL 32561-2509**
CITY-ST-ZIP **32561-2509**

TITLE **VPST** ☐ Delete
NAME **EWING, MICHAEL R**
STREET ADDRESS **1259 BAYSHORE ROAD**
CITY-ST-ZIP **GULF BREEZE FL 32561-2509**

TITLE **C.F.O., VP, S, T** ☒ Change ☐ Addition
NAME **Ewing, Michael R**
STREET ADDRESS **Box 0688**
CITY-ST-ZIP **Gulf Breeze, FL 32562-0688**

TITLE **D** ☐ Delete
NAME **EWING, CLAY**
STREET ADDRESS **1259 BAYSHORE ROAD**
CITY-ST-ZIP **GULF BREEZE FL 32561-2509**

TITLE **D** ☒ Change ☐ Addition
NAME **Ewing, Clay**
STREET ADDRESS **1821 N FANNY BROWN ROAD**
CITY-ST-ZIP **Raleigh, NC 27603**

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

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: Michael R. Ewing, Michael R. Ewing, VP-15 April, 2001, (850) 932-9077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90024 045 ***150.00

00062521



DO NOT WRITE IN THIS SPACE

0468610

CR2E034 (10/00)