

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90091 001 ***150.00

0471910

DOCUMENT # P94000092185

1. Entity Name

W.E. MALONE TRUCKING, INC.

Principal Place of Business

**HIGHWAY 351A
CROSS CITY FL 32628**

Mailing Address

**P.O. BOX 579
CROSS CITY FL 32628**

2. Principal Place of Business

Trapper Lane

3. Mailing Address

HC 3 Box 621

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Old Town, FL

City & State

Old Town, FL

Zip

32680

Country

Dixie

Zip

32680

Country

Dixie

4. FEI Number

59-3283281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MALONE, WILLIAM E
HIGHWAY 351A
P.O. BOX 579
CROSS CITY FL 32628**

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 **DPT** ☐ Delete
NAME **MALONE, WILLIAM E**
STREET ADDRESS **P.O. BOX 579 N/A**
CITY-ST-ZIP **CROSS CITY FL 32628**

TITLE **VSD** ☐ Delete
NAME **MALONE, JO ANN**
STREET ADDRESS **P.O. BOX 579 N/A**
CITY-ST-ZIP **CROSS CITY FL 32628**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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:

Jo Ann Malone Jo Ann Malone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01 352.542-8278
Date Daytime Phone #

CR2E034 (10/00)