

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90727 003 ***150.00

0596394 AT

DOCUMENT # P95000000070

1. Entity Name

MONTGOMERY TRUCK LINES OF CENTRAL FLORIDA, INC.

Principal Place of Business

**1846 CR 479
 LAKE PANASOFFKEE FL 33538**

Mailing Address

**1846 CR 479
 LAKEPANASOFFKEE FL 33538**

2. Principal Place of Business

2020 CR 470

Suite, Apt. #, etc.

3. Mailing Address

PO Box 547

Suite, Apt. #, etc.

City & State

Sumterville, FL

City & State

Bushnell FL

Zip

33585

Country

USA

Zip

33513

Country

USA

4. FEI Number

59-3298245

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, S.E.

2501 W. MAIN ST.

SUITE 108

LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name **Montgomery, S.E.**

Street Address (P.O. Box Number is Not Acceptable)

PO Box 547

City **Sumterville**

FL

Zip Code

33585

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

S.E. Montgomery

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	MONTGOMERY, SILAS E	
STREET ADDRESS	PO BOX 6 N/A	
CITY-ST-ZIP	COLEMAN FL 33521	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Montgomery, Silas E.	
STREET ADDRESS	PO Box 547	Address Change
CITY-ST-ZIP	Bushnell, FL 33513	
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:

S.E. Montgomery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02 352-793-4975

Date

Daytime Phone #

CR2E034 (9/01)