

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011746

1. Entity Name

P.A.W. & SON TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

11216 MERCEDES ST.
SPRING HILL FL 34609

PO BOX 323
CAPRON IL 61012
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-3569056

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

GARY J. ANDERSON
11233 MERCEDES ST.
SPRING HILL FL 34609

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	P	<input type="checkbox"/> Delete
NAME	ANDERSON, PATRICIA A	
STREET ADDRESS	8855 EDSON RD	
CITY-ST-ZIP	CAPRON IL 61012	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARY J. ANDERSON	
STREET ADDRESS	11233 MERCEDES ST.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, PATRICIA A	
STREET ADDRESS	8855 EDSON ROAD	
CITY-ST-ZIP	CAPRON IL 61012	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDERSON, AMBER M S	
STREET ADDRESS	13906 DENNY RD	
CITY-ST-ZIP	CAPRON IL 61012	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90136 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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