

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044073

1. Entity Name

LEE AND SONS TRUCKING, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90254 019 ***150.00

Principal Place of Business

4625 BLACK OAK RD
MILTON FL 32583

Mailing Address

4625 BLACK OAK RD
MILTON FL 32583

2. Principal Place of Business

Home Office
4625 Black Oak Road
Milton FL

3. Mailing Address

4625 Black Oak Road
Milton FL 32583



DO NOT WRITE IN THIS SPACE

City & State

MILTON FL

City & State

MILTON FL

4. FEI Number

42-4480387

Applied For

Not Applicable

Zip

32583

SAINT ROSE

Zip

32583

Country

SAINT ROSE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, MATTIE D
4625 BLACK OAK RD
MILTON FL 32583

7. Name and Address of New Registered Agent

Name: MATTIE D FREEMAN
Street Address (P.O. Box Number is Not Acceptable):
4625 BLACK OAK ROAD
MILTON FL
City: FL Zip Code: 32583

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	PVP	<input type="checkbox"/> Delete
NAME	FREEMAN, ORA L	
STREET ADDRESS	4625 BLACK OAK RD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	FREEMAN, MATTIE D	
STREET ADDRESS	4625 BLACK OAK RD	
CITY-ST-ZIP	MILTON FL 32583	
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	PVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, ORA L	
STREET ADDRESS	4625 BLACK OAK ROAD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, MATTIE D	
STREET ADDRESS	4625 BLACK OAK ROAD	
CITY-ST-ZIP	MILTON FL 32583	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-2001/00341-0959

CR2E034 (10/00)