

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90502 022 ***150.00

DOCUMENT # P95000082881

1. Entity Name

L & C FREIGHT COMPANY, INC.

Principal Place of Business

**3703 GALOWAY ST
 NEW PORT RICHEY FL 34652**

Mailing Address

**3703 GALOWAY ST
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business

7339 CARMEL AVE

Suite, Apt. #, etc.

3. Mailing Address

7339 CARMEL AVE

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY FL

Zip

34655

Country

U.S.A.

Zip

34655

Country

U.S.A.

4. FEI Number

59-3348531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MATHIS, FRANK L
 3703 GALOWAY ST
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name

FRANK L. MATHIS

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

7339 CARMEL AVE

City

NEW PORT RICHEY

FL

Zip Code

34655

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

Frank L. Mathis

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 **P** ☐ Delete
 NAME **MATHIS, FRANK L**
 STREET ADDRESS **3703 GALOWAY ST**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **VP** ☐ Delete
 NAME **MATHIS, CAROL A**
 STREET ADDRESS **3703 GALOWAY ST**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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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 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:

Frank L. Mathis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK L. MATHIS 3-6-01 727 376-7114

Date

Daytime Phone #

CR2E034 (10/00)

0423225