

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 14, 2001 8:00 am**  
**Secretary of State**

06-14-2001 90014 029 \*\*\*150.00

**DOCUMENT #**

**1. Entity Name**

LeRoy & CAROL MARSH TRUCKING, INC. (LA)

**Principal Place of Business**

258 Pierce St.  
 LAKE WALES Fla.  
 33853

**Mailing Address**

PO Box 751  
 LAKE WALES Fla.  
 33859-0751

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number**

59-3404832

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**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**

Amerilawyer Chartered  
 343 Almeria Ave.  
 Coral Gables, Fla. 33134

**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** PTD ☐ Delete  
**NAME** MARSH LEROY O  
**STREET ADDRESS** 258 Pierce St.  
**CITY-ST-ZIP** LAKE WALES Fla. 33853

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VSD ☐ Delete  
**NAME** MARSH CAROL A  
**STREET ADDRESS** 258 Pierce St.  
**CITY-ST-ZIP** LAKE WALES, Fla. 33853

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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)(f), 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 807, 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:**

Carol A. Marsh

Urie President 6-6-01 863-6383122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Attachment  
b# 0960083020  
A0073272

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

June 6, 2001

To Whom It May Concern:

I am writing this letter in response to my conversation with your department today concerning the 2001 Profit Annual Report as we had not received our package this year and I am sending the \$150.00 that I was told I was required to send to keep our corporation active.

Thank You,  
*Carol Marsh*  
Carol Marsh