

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90011 022 \*\*\*150.00

**DOCUMENT # P96000093230**

1. Entity Name

**G.F.S. TRUCKING, INC.**

Principal Place of Business

**6715 CAPE SABLE WAY N.E.  
 #6  
 ST PETERSBURG FL 33702**

Mailing Address

**6715 CAPE SABLE WAY N.E.  
 #6  
 ST PETERSBURG FL 33702**

**88164**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3413427**

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

**SINCLAIR, GEORGE F  
 6715 CAPE SABLE WAY N.E.  
 #6  
 ST PETERSBURG FL 33702**

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

*George Sinclair*

**4/24/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **SINCLAIR, GEORGE**  
 STREET ADDRESS **6715 CAPE SABLE WAY N.E.**  
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P.O. Box 56232** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **ST. Peter Fla. 33732-6232**  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **S.E.C. Robins, Janet**  
 STREET ADDRESS **4700 Venetian Blvd. N.E.**  
 CITY-ST-ZIP **St. Petersburg FL 33703**

TITLE ☒ Change ☐ Addition  
 NAME **Pres. Sinclair, George**  
 STREET ADDRESS **4700 Venetian Blvd. N.E.**  
 CITY-ST-ZIP **St. Petersburg FL 33703**

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

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

TITLE ☐ Change ☐ 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:

*Janet Robins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**5-24-02**

Daytime Phone #

CR2E034 (9/01)