


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # FEIN- 59-3411493

1. Entity Name  
GFS Trucking, Inc

946000093230



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
03 MAY -7 PM 2:29

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 4618 1st St N		3. Mailing Address 4618 1st St N	
Suite, Apt. #, etc. 109		Suite, Apt. #, etc. 109	
City & State St Pete, FL		City & State St Pete, FL	
Zip 33703	Country Pinellas	Zip 33703	Country Pinellas

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3411493

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Sandra Sinclair

Street Address (P.O. Box Number is Not Acceptable)  
4618 1st St N #109

City  
St Pete

FL Zip Code  
33703

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sandra Sinclair Vice President 4-28-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President George F. Sinclair 4618 1st St N #109 St Pete, FL 33703	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Sandra Sinclair 4618 1st St N #109 St Pete, FL 33703	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300018451523
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sect. George F. Sinclair 4618 1st St N #109 St Pete, FL 33703	TITLE NAME STREET ADDRESS CITY - ST - ZIP	05/07/03--01054--005 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treas Sandra Sinclair 4618 1st St N #109 St Pete, FL 33703	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Sinclair 4-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)