

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003589

1. Entity Name

FRONTLINE FREIGHT SYSTEMS OF FLORIDA, INC.

Principal Place of Business

2425 E LANDSTREET ROAD
SUITE 300
ORLANDO FL 32824

Mailing Address

2425 E LANDSTREET ROAD
SUITE 300
ORLANDO FL 32824

2. Principal Place of Business

9025 Boggy Creek Road

Suite, Apt. #, etc.

6

3. Mailing Address

9025 Boggy Creek Road

Suite, Apt. #, etc.

6

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32824

Country

USA

Zip

32824

Country

4. FEI Number

59-3424435

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BRUNER, JUDY D
2425 E LANDSTREET ROAD
SUITE 300
ORLANDO FL 32824

Name

Judy D. Bruner

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

9025 Boggy Creek Road

unit 6

City

ORLANDO

FL

Zip Code

32824

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

Judy D. Bruner Judy D. Bruner President 4-18-02

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

TITLE P
NAME BRUNER, JUDY D
STREET ADDRESS 4211 TIMBER LANE
CITY-ST-ZIP KISSIMMEE FL 34744

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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Change Addition

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Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Judy D. Bruner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02

407-888-9903

Date

Daytime Phone #

CR2E034 (9/01)

04/29/02
C
AV