

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90113 030 ***150.00

05/22/02 AT

DOCUMENT # P97000068896

1. Entity Name
LGL TRUCKING, INC.

Principal Place of Business Mailing Address

PO BOX 3669 PO BOX 3669
CROSSVILLE TN 38557 CROSSVILLE TN 38557

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, KEITH H ESQ.
8810 GOODY'S EXECUTIVE DRIVE, SUITE A
JACKSONVILLE FL 32217

7. Name and Address

Name
 Street Address (P.O. Box Number is
 City

*Please Correct
 FEI NUMBER
 59-3466955
 Thank you
 Leandra H. Leitz*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEITZ, L G BREWER ROAD PO BOX 3669 CROSSVILLE TN 38557 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Leandra H. Leitz* **SIGNATURE REQUIRED** *Leandra G. Leitz* **4/26/02** **904-806-1801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)