

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079521

1. Entity Name  
MAVERICK TRANSPORT, INC.

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90351 016 \*\*\*150.00

Principal Place of Business

Mailing Address

~~220 SOUTH FLAGLER~~  
~~HOMESTEAD FL 33030~~

~~220 SOUTH FLAGLER~~  
~~HOMESTEAD FL 33030~~

25

2. Principal Place of Business

3. Mailing Address

25201 SW 147 AVE

25201 SW 147 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HOMESTEAD FL

HOMESTEAD FL

City & State

City & State

4. FEI Number 65-0786619

Applied For  
Not Applicable

Zip 33032

Country

Zip 33032

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

CHAMBERS, TOMMY

~~220 SOUTH FLAGLER~~ 25201 SW 147 AVE  
~~HOMESTEAD FL 33030~~ HOMESTEAD, FL  
33032

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 P  
NAME CHAMBERS, THOMAS R.  
STREET ADDRESS ~~2521 SW 147TH AVE~~ 25201 SW 147 AVE  
CITY-ST-ZIP HOMESTEAD FL 33032

TITLE VP  
NAME O'BANNON, TIM  
STREET ADDRESS 14240 RIVER ROAD  
CITY-ST-ZIP FT. MYERS FL 33905

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. CHAMBERS

Date

Daytime Phone #

2/27/01 305-257-3110

CR2E034 (10/00)