

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000082215**

1. Entity Name

**FLORIDA FLATBED FREIGHTWAYS INC.****FILED****Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90452 002 \*\*\*150.00

Principal Place of Business

**1605 TURKEY CREEK RD  
PLANT CITY FL 33567  
US**

Mailing Address

**1605 TURKEY CREEK RD  
PLANT CITY FL 33567  
US**

2. Principal Place of Business

**26650 S.R. 54**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 7488**

Suite, Apt. #, etc.

City &amp; State

**Lutz, FL**

Zip

**33549**

Country

**US**

City &amp; State

**Wesley Chapel, FL**

Zip

**33543-7488**

Country

**US**

4. FEI Number

**59-3470399**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLLER, PAULA S  
7069 OLD PASCO ROAD  
WESLEY CHAPEL FL 33544**

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOLLER, PAULA S	
STREET ADDRESS	7069 OLD PASCO ROAD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	

TITLE	VPST	<input type="checkbox"/> Delete
NAME	STEELE, PATRIC A	
STREET ADDRESS	28523 SONNY DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Paula Holler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paula Holler**2-13-01*

Date

*(813) 754-3528*

Daytime Phone #

CR2E034 (10/00)