

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90161 010 ***550.00

DOCUMENT # P98000014212

1. Entity Name
JOHN BEAUMONT TRUCKING INC.



Principal Place of Business
107 PINE ISLE DRIVE
SANFORD FL 32773

Mailing Address
107 PINE ISLE DRIVE
SANFORD FL 32773

2. Principal Place of Business

107 PINE ISLE DR.

Suite, Apt. #, etc.

3. Mailing Address

107 PINE ISLE DR.

Suite, Apt. #, etc.

City & State
SANFORD FL

City & State
SANFORD FL

Zip
32773

Country
USA

Zip
32773

Country
USA

4. FEI Number **59-3661011**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BEAUMONT, JOHN W
107 PINE ISLE DRIVE
SANFORD FL 32773

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

SIGNATURE *John W Beaumont*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BEAUMONT, JOHN W**
STREET ADDRESS **107 PINE ISLE DRIVE**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **AD** ☐ Delete
NAME **BEAUMONT, JOHN E**
STREET ADDRESS **29201 GREEN WATER DR**
CITY-ST-ZIP **TEHACHAPIA CA 93561**

TITLE **VP** ☐ Delete
NAME **BEAUMONT, NANCY W**
STREET ADDRESS **107 PINE ISLAND DRIVE**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **AD** ☐ Delete
NAME **WONG, RAYMOND**
STREET ADDRESS **4205 CRAWFORD CIR.**
CITY-ST-ZIP **VALDOSTA GA 31605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John W Beaumont
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-03

CR2E034 (10/02)