

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90050 044 \*\*\*150.00

**DOCUMENT # P98000026533**

1. Entity Name

**SMC TRUCKING INC**

Principal Place of Business

POST OFFICE BOX 587 1561  
 BRANFORD FL 32008-0587

Mailing Address

POST OFFICE BOX 587 1561  
 BRANFORD FL 32008-0587

2. Principal Place of Business

P.O. BOX 1561  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1561  
 Suite, Apt. #, etc.

City & State

BRANFORD, FL

City & State

BRANFORD, FL

4. FEI Number

65-0825583

Applied For

Not Applicable

Zip

32008

Country

USA

Zip

32008

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PERRY, LARRY E SR.  
 RT 6 BOX 444-E  
 LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name

PERRY, LARRY E., SR.

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

P.O. BOX 1561

Hwy 49 - 260 St Place

City  
 BRANFORD

FL

Zip Code  
 32008

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, 2000 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 D  
 NAME PERRY, J.A. ☐ Delete  
 STREET ADDRESS PO BOX 1  
 CITY-ST-ZIP BRANFORD FL 32008

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
 NAME PERRY, LARRY E., SR.  
 STREET ADDRESS P.O. BOX 1561  
 CITY-ST-ZIP BRANFORD, FL 32008

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  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

*Larry E. Perry*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-00

Date

904-935-6330

Daytime Phone #

CR2E034 (9/99)