

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90046 041 ***150.00

DOCUMENT # P98000026533

1. Entity Name

SMC TRUCKING INC

Principal Place of Business

P.O. BOXN1561
BRANFORD FL 32008
US

Mailing Address

P.O. BOXN1561
BRANFORD FL 32008
US

2. Principal Place of Business

P.O. Box 56

3. Mailing Address

P.O. Box 56

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

White Springs FL

City & State

White Springs FL

Zip

Country

32096

Zip

Country

32096

4. FEI Number

65-0825583

Applied For

Not Applicable

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

PERRY, LARRY E SR.
P.O. BOX 156
HWY 49-260 PLACE
BRANFORD FL 32008

Name

Larry Perry Sr

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

P.O. Box 56

2910 CR136

City

White Springs FL

FL

Zip Code

32096

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

Larry Perry Sr *Larry Perry Sr (Pns)*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-27-01

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 **DPST** ☐ Delete
NAME **PERRY, LARRY E SR**
STREET ADDRESS **P.O. BOX 1561**
CITY-ST-ZIP **BRANFORD FL 32008**

TITLE **DPST** ☒ Change ☐ Addition
NAME *Larry Perry Sr*
STREET ADDRESS *2910 CR136*
CITY-ST-ZIP *White Springs, FL 32096*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

904-963-1469

Daytime Phone #

CR2E034 (10/00)