

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90165 003 ***150.00

DOCUMENT # P98000059945

1. Entity Name
WEST FLORIDA FREIGHT SERVICE, INC.

Principal Place of Business 520 PECAN LANE BRADENTON FL 34202	Mailing Address 520 PECAN LANE BRADENTON FL 34202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0850518		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
GONZALEZ, DONNA M 4607 9TH AVENUE EAST BRADENTON FL 34208				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, DONNA M			NAME			
STREET ADDRESS	4607 9TH AVENUE EAST			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34208			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 REQUIRED 7-11-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment
#P98000059945 972298
HOWARD R. WOMELDORPH, JR., C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT

7648 LOCKWOOD RIDGE ROAD, SARASOTA, FLORIDA 34243 (941) 351-3561

August 1, 2002

Florida Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, Florida 32314

RE: West Florida Freight Service, Inc.
Document #P98000059945
FEI # 65-0850518

To Whom It May Concern:

It has come to my attention that the check my client wrote to you on April 22, 2002 has not cleared. I mailed the UBR and check from my office, attached is a copy of the original and the check that accompanied it. It was not discovered until the checks were entered and the bank account reconciled.

We called your office explaining the situation and you advised us to enclose a letter along with this copy of the return sent.

Enclosed please find the 2002 Uniform Business Report, and a new check for \$150.00.

If you have any questions regarding this matter please call me at 941-351-3561.

Very truly yours,


Howard R. Womeldorph, Jr., C.P.A.

HRW/ljw

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Attachment

DOCUMENT # **P98000059945**
1. Entity Name
WEST FLORIDA-FREIGHT SERVICE, INC.

DO NOT WRITE IN THIS SPACE

972298

2. Principal Place of Business
520 Pecan Lane
Suite, Apt. #, etc.

3. Mailing Address
520 Pecan Lane
Suite, Apt. #, etc.

City & State
Bradenton, FL

Zip
34208

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0850518

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Donna M. Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
4607 9th Avenue East

City
Bradenton **FL** Zip Code
34208

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 _____ DATE _____
Signature typed or printed name of registrant (except not applicable) (P.O. Box Number is Not Acceptable) (Print name of agent if agent signature provided)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	D Donna M. Gonzalez 4607 9th Avenue East Bradenton, FL 34208	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

1-800-AMSOUTH

AM SOUTH BANK
MEMBERSHIP PEOPLE

DEPARTMENT OF REVENUES \$150.00

Donna Gonzalez

79671468

13. The individual who signs this report certifies that the information furnished is true and correct and that he or she is an officer or director of the corporation and appears in Block 11 or on an attached sheet.

SIGNATURE _____ DATE _____

Daytime Phone # _____

CR2E034B (12/01)