

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90137 005 ***150.00

DOCUMENT # **P98000089075**

1. Entity Name
HAROLD'S TRANSPORTATION SERVICE, INC.



Principal Place of Business
**30 MICHIGAN ROAD
LEHIGH ACRES FL 33936
US**

Mailing Address
**30 MICHIGAN ROAD
LEHIGH ACRES FL 33936
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0870489**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**FAY, HAROLD
30 MICHIGAN ROAD
LEHIGH ACRES FL 33936**

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

Chris Fay **CHRIS FAY V.P.**

3.3.03

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

(NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FAY, HAROLD	
STREET ADDRESS	30 MICHIGAN ROAD	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	V	<input type="checkbox"/> Delete
NAME	FAY, CHRISTOPHER H	
STREET ADDRESS	30 MICHIGAN ROAD	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> Delete
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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:

CHRIS FAY **CHRIS FAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.3.03

Date

739-872-0923

Daytime Phone #

CR2E034 (10/02)