

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90051 018 ***150.00

DOCUMENT # P99000015302

1. Entity Name
TRANSFORCE, INC.

Principal Place of Business

Mailing Address

4062 N. LIBERTY ST.
 JACKSONVILLE FL 32206

4062 N. LIBERTY ST.
 JACKSONVILLE FL 32218-5576

951783



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

435 Clark Rd # 614

435 Clark Rd # 614

Suite, Apt. #, etc.
 # 614

Suite, Apt. #, etc.
 614

City & State
 JACKSONVILLE FL

City & State
 JACKSONVILLE FL

4. FEI Number
 59-3557675

Applied For
 Not Applicable

Zip
 32218

Country

Zip
 32218

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

HUNTER, DON J
 14227 PINE ISLAND DR.
 JACKSONVILLE FL 32224

Name

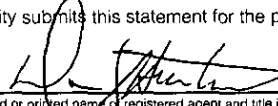
Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE 

4/13/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D Delete
 NAME: HUNTER, DON J
 STREET ADDRESS: 14227 PINE ISLAND DR.
 CITY-ST-ZIP: JACKSONVILLE FL 32224

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

TITLE: D Delete
 NAME: KING, PATRICIA A
 STREET ADDRESS: 10853 HAMILTON DOWNS CT.
 CITY-ST-ZIP: JACKSONVILLE FL 32257

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Delete
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TITLE: Delete
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 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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

904-768-7080

Daytime Phone #

CR2E034 (9/99)