

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015820

1. Entity Name

CONTRACT DRIVERS, INC.

FILED

01 SEP 26 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2901 CLAY WHALEY RD.
ST.CLOUD FL 34772

2901 CLAY WHALEY RD.
ST.CLOUD FL 34772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3563472

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

ALLEN, ROBERT A
2901 CLAY WHALEY RD.
ST.CLOUD FL 34772

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS HARRIS, H.L.
CITY-ST-ZIP 2901 CLAY WHALEY RD.
ST.CLOUD FL 34772

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ALLEN, ROBERTA
CITY-ST-ZIP 2901 CLAY WHALEY RD.
ST.CLOUD FL 34772

TITLE ☐ Change ☐ Addition
NAME 500004623825
STREET ADDRESS -10/04/01--01064--015
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 8-31-01 407-957-1658
Date Daytime Phone #

CR2E034 (5/01) 1

282

9-20-01

Per phone conversation
with Shawn.

We did not receive
the first document
form earlier in the year.

Contract Drivers Inc.
2901 Clay Whaley Rd.
St. Cloud, IL 34772
407-957-1658
EIN# 59-3563472