

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90325 030 ***150.00

DOCUMENT # P99000027398

1. Entity Name **Bud Lunsford Trucking Inc.** ✓
4316 Maine Ave.
Lakeland, FLA. 33801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4316 Maine Ave.
Suite, Apt. #, etc.

3. Mailing Address
4316 Maine Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lakeland, FLA.
Zip
33801 Country
Polk

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4. FEI Number
59-3573822

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 **Lewis R. Lunsford**

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

4316 Maine Ave.

City **Lakeland, FL** Zip Code **33801**

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) ☒

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 **D-P**
STREET ADDRESS **Lewis R. Lunsford (Bud)**
CITY-ST-ZIP **4316 Maine Ave**
Lakeland, FLA 33801

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lewis R. Lunsford 4-30-02

CR2E034B (12/01)