1/7/02 904-737-5480 Date Daytime Phone #

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

DOCUMENT # P9900054447  1. Entity Name PROCTOR'S TRUCKING, INC.					Jan 15, 2002 8:00 am Secretary of State 01-15-2002 90029 002 ***150.00			
Principal Place of Business 8819 YORKSHIRE COURT JACKSONVILLE FL 32257		Mailing Address 8819 YORKSHIRE COURT JACKSONVILLE FL 32257			80002899			
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-3585664 Applied For Not Applicable			
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current R	egistered Agent		71	Name and Address of New Register			
			Name	-				
PROCTOR, LARRY D 8819 YORKSHIRE COURT			Street A	Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32257					- 1			
` <b>.</b>			City			Zip Cod	e	
	e named entity submits this statement for t	the purpose of changing its re	egistered office or	registered ag		<u>-</u> ,		
Tax filing	Signature, typed or printed name of registered agent and coration is eligible to satisfy its Intangible requirement and elects to do so.		•	00 50.00	ninstating) DA  10. Election Campaign Financing Trust Fund Contribution.		<b>10</b> May Be	
11.	OFFICERS AND D	1			DITIONS (OLIMNISES TO OCCUSES)	DIDECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROCTOR, LARRY D 8819 YORKSHIRE COURT JACKSONVILLE FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	DITIONS/CHANGES TO OFFICERS A	AND DIRECTOR:  Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PROCTOR, MARY A 8819 YORKSHIRE COURT JACKSONVILLE FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	``	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
of the cor	certify that the information supplied with th on this report or supplemental report is tre poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my sered to execute this report as	cionaturo chall ha	va the come k	adal ettoot op it mede veder eethi ikk			