

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0029464 AT

DOCUMENT # P99000059596

1. Entity Name
L.T.D. PYRAMID TRUCKING, INC.



FILED

03 APR 29 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
P.O. BOX 435
MIDWAY FL 32343

Mailing Address
P.O. BOX 435
MIDWAY FL 32343

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3587638

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

03

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, LAKECIA S
2369 INDIAN SPRINGS CT.
TALLAHASSEE FL 32303

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 _____ (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
NAME WATSON, LAKECIA S
STREET ADDRESS 2369 INDIAN SPRINGS CT.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE P
NAME Watson, Lakecia S
STREET ADDRESS 3131 Hawks Landing Dr
CITY-ST-ZIP Tall, FL 32309

TITLE V
NAME WATSON, DAVID J
STREET ADDRESS 2369 INDIAN SPRINGS CT.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE V
NAME Watson, Lakecia S
STREET ADDRESS 3131 Hawks Landing Dr
CITY-ST-ZIP Tall, FL 32309

TITLE
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CITY-ST-ZIP

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

4-29-03 536-0206
Date Daytime Phone #

CR2E034 (10/02)