

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90159 022 ***158.75

0458777 AV

DOCUMENT # P99000067387

1. Entity Name

A-1 BUDGET HAULING, INC.



Principal Place of Business
**5201 S. MACDILL AVE., #110
TAMPA FL 33611**

Mailing Address
**5201 S. MACDILL AVE., #110
TAMPA FL 33611**



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 **59-3631491**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLFE, JEFFREY A
5201 S. MACDILL AVE., #110
TAMPA FL 33611**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **PTD** ☐ Delete
NAME **WOLFE, JEFFREY A**
STREET ADDRESS **5201 S. MACDILL AVE., #110**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE **SD** ☐ Delete
NAME **EVANS, KATHY**
STREET ADDRESS **5201 S. MACDILL AVE., #110**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/03 813-837-8277

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

90137779

A-1 Budget Hauling Inc

~~#~~ 99900067387

5201 S Mac Dill Ave. #110 ~ Tampa, Florida 33611

Phone 813-837-8217 ~ Fax 253-322-1246.

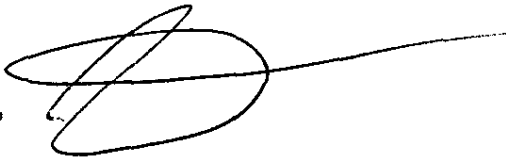
May 21, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern,

Enclosed is our check # 1616 for \$158.75, including \$8.75 for a Certificate of status. We apologize for the lateness of this check, we had temporary office help and this important document had been neglected. We ask for mercy on the late fee, with the promise that it will never happen again. I will see to it myself that this form is not only paid but sent out upon arrival. This is our first time not filing. Thank you for your consideration.

Sincerely,



Jeffrey Wolfe
President