

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90117 048 ***150.00

DOCUMENT # P99000075282

1. Entity Name
SUTTON TRUCKING INC.



Principal Place of Business
4827 SE APACHE DR.
ARCADIA FL 34266

Mailing Address
4827 SE APACHE DR.
ARCADIA FL 34266

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 **65-0939818**

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

HARTLEY, BARBARA
4827 SE APACHE DR.
ARCADIA FL 34266

Name **Sutton, Barbara**
Street Address (P.O. Box Number is Not Acceptable)
4827 S.E. APACHE DR.
City **Arcadia** FL Zip Code **34266**

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 *Barbara Sutton* DATE **3-18-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **HARTLEY, BARBARA**
STREET ADDRESS **4827 SE APACHE DR.**
CITY-ST-ZIP **ARCADIA FL 34265**
(marriage) name change

TITLE **D** ☒ Change ☐ Addition
NAME **SUTTON, Barbara**
STREET ADDRESS **4827 SE APACHE DR**
CITY-ST-ZIP **Arcadia, FL 34266**
name change

TITLE **D** ☐ Delete
NAME **SUTTON, TONY W**
STREET ADDRESS **4827 SE APACHE DR.**
CITY-ST-ZIP **ARCADIA FL 34265**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Barbara Sutton* DATE **3-18-03** **863 990 1962**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)

Attachment

10043902

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

P99000075282

(STATE FILE NUMBER)



I CERTIFY THIS DOCUMENT TO BE A
 TRUE AND CORRECT COPY OF THE
 ORIGINAL ON FILE.
 STATE OF FLORIDA, COUNTY OF DESOTO
 MITZIE W. MCGAVIC, CLERK OF COURT

DATE: 4-22-02
 BY: [Signature]

02-037

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) TONY WAYNE SUTTON			2. DATE OF BIRTH (Month, Day, Year) 03-28-56		
3a. RESIDENCE - CITY, TOWN, OR LOCATION ARCADIA	3b. COUNTY DESOTO	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Count) TENNESEE		
5a. BRIDE'S NAME (First, Middle, Last) BARBARA AREHART HARTLEY			5b. MAIDEN SURNAME (If different)		
7a. RESIDENCE - CITY, TOWN, OR LOCATION ARCADIA			7b. COUNTY DESOTO		
			7c. STATE FLORIDA		
			8. BIRTHPLACE (State or Foreign Count) MISSOURI		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED
 ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE
 NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
02-25-02

11. TITLE OF OFFICIAL
DEPUTY CLERK

12. SIGNATURE OF OFFICIAL (Use black ink)

13. SIGNATURE OF BRIDE (Sign full name using black ink)
Barbara Hartley

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
02-25-02

15. TITLE OF OFFICIAL
DEPUTY CLERK

16. SIGNATURE OF OFFICIAL (Use black ink)

17. COUNTY ISSUING LICENSE
DESOTO

18. DATE LICENSE ISSUED
02-25-02

18a. DATE LICENSE EFFECTIVE
02-27-02

19. EXPIRATION DATE
04-25-02

20a. SIGNATURE OF COURT CLERK OR JUDGE

20b. TITLE
CLERK OF THE COURT

20c. BY D.C.
KLR

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year)

22. CITY, TOWN, OR LOCATION OF MARRIAGE
04-22-02

Arcadia, FL 34266

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)

23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY
 (Or notary stamp)



Kimberly S. Wilkinson
 My Commission DD058713
 Expires September 19, 2005

23c. ADDRESS (Of person performing ceremony)

24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
115 East Oak Street

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
[Signature]

25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
[Signature]

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER 266-29-4434	27. RACE CAUCASIAN	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	29a. NO. OF THIS MARRIAGE 2	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 12-28-95
	BRIDE	30. SOCIAL SECURITY NUMBER 511-48-6626	31. RACE CAUCASIAN	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	33a. NO. OF THIS MARRIAGE 3	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE