

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90211 001 *1,500.00

DOCUMENT # P 99 000080312 ✓

1. Entity Name

TIM FORD TRUCKING, INC.

Principal Place of Business

Mailing Address

P.O. BOX 888
 BRANDON FL 33509

4809

2. Principal Place of Business

3. Mailing Address

5411 ST. HELENA RD.

P.O. BOX 888

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WALES, FL

City & State

BRANDON, FLORIDA

4. FEI Number

59-3598162

Applied For

Not Applicable

Zip

33853

Country

USA

Zip

33509-0888

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMPKINS, H. CHRISTOPHER II
1760 S. KINGS AVE.
BRANDON FL 33511-6216

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stated)

DATE

9. This corporation is eligible to satisfy its intangible
 tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee Will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PDST
 NAME: HOWLE JAMES D. ~~KXXXX~~
 STREET ADDRESS: ~~XXXX~~ 5411 ST. HELENA RD.
 CITY-STATE-ZIP: LAKE WALES, FL 33853 ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: VD
 NAME: TOMPKINS, H. CHRISTOPHER II
 STREET ADDRESS: 1760 S. KINGS AVE.
 CITY-STATE-ZIP: BRANDON FL 33511-6216 ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: VD
 NAME: FORD, TIM
 STREET ADDRESS: 5411 ST. HELENA RD.
 CITY-STATE-ZIP: LAKE WALES, FL 33853 ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
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 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

H. Christopher Tompkins II
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001

813 685 7569

Date

Telephone Number

CR2E034 (10/00)