

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 15, 2003 8:00 am
Secretary of State

06-25-2003 90075 028 ***150.00

DOCUMENT # P99600091577

1. Entity Name
M4D TRUCKING INC



DO NOT WRITE IN THIS SPACE

55051378

2. Principal Place of Business
2214 N. FIRWOOD DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DELTONA FL

City & State

4. FEI Number
59-3603793

Applied For
Not Applicable

Zip
32725

Country
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DENZIL SCHWARTZ
Street Address (P.O. Box Number is Not Acceptable)
2214 W. FIRWOOD DR
City DELTONA FL Zip Code 32725

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 *Denzil Schwartz*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PRESIDENT
NAME DENZIL SCHWARTZ
STREET ADDRESS 2214 W FIRWOOD DR
CITY-ST-ZIP DELTONA FL 32725

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME MARILYN SCHWARTZ
STREET ADDRESS 2214 W FIRWOOD DR
CITY-ST-ZIP DELTONA FL 32725

TITLE NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Denzil Schwartz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (1/2/02)