2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90359 009 ***150.00

DOCUMENT # P99000092050

1. Entity Name
M & D POWELL & SONS TRUCKING, INC.

Principal Place of Business	Mailing Address
488 SUN LAKE CIR., APT. 206 LAKE MARY FL 32746	488 SUN LAKE CIR., APT. 206 LAKE MARY FL 32746

B00039742

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
497 Sun Lake Circle	497 Sun Lake Circle
Suite, Apt. #, etc.: Apt 203	Suite, Apt. #, etc.: Apt 203
City & State: Lake Mary, FL	City & State: Lake Mary, FL
Zip: 32746 Country:	Zip: 32746 Country: USA

4. FEI Number 59-3604192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, DEBORAH J
488 SUN LAKE CIR., APT. 206
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

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 reinstating) 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

TITLE	P	☐ Delete
NAME	POWELL, MARVIN	
STREET ADDRESS	[redacted] SUN LAKE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T	☐ Delete
NAME	POWELL, DEBORAH	
STREET ADDRESS	[redacted] SUN LAKE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah J Powell (Deborah J. Powell) 4/23/01 407 302-5595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)