

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State
 05-22-2000 90011 041 ***150.00

DOCUMENT # S78244

1. Entity Name

DEBAR TRANSPORT INC.

Principal Place of Business

Mailing Address

4634 DREW COURT
 LAKELAND FL 33810
 US

4634 DREW COURT
 LAKELAND FL 33810-8100
 US

2. Principal Place of Business

4634 DREW Ct.
 Suite, Apt. #, etc.

3. Mailing Address

4634 DREW Ct.
 Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33810

Country

FL

Zip

33810

Country

FL

4. FEI Number

59-3089589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, STEVE
 4634 DREW COURT
 LAKELAND FL 33810

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)

S-1-00

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, 2000 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 PT
 NAME PATTERSON, STEVE
 STREET ADDRESS 4634 DREW COURT
 CITY-ST-ZIP LAKELAND FL 33810 ☐ Delete

TITLE S
 NAME PATTERSON, DONNA
 STREET ADDRESS 4634 DREW CT
 CITY-ST-ZIP LAKELAND FL 33810 ☐ Delete

TITLE V
 NAME JOHNSON, DONALD
 STREET ADDRESS 3800 SUNNYFIELD DR
 CITY-ST-ZIP COPLEY OH 44321 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
 NAME Steve Patterson
 STREET ADDRESS 4634 DREW Ct.
 CITY-ST-ZIP Lakeland FL 33810 ☐ Change ☐ Addition

TITLE Secy.
 NAME Donna Patterson
 STREET ADDRESS 4634 DREW Ct.
 CITY-ST-ZIP Lakeland FL 33810 ☐ Change ☐ Addition

TITLE VICE PRES
 NAME Donald Johnson
 STREET ADDRESS 7815 Rolling Grove Dr. West
 CITY-ST-ZIP Lakeland FL 33810 ☒ Change ☐ Addition

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)