

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90492 008 \*\*\*150.00

**DOCUMENT # V26588**

1. Entity Name

**BAGWELL TRANSPORT, INC.**

Principal Place of Business

1921 A HECKSCHER DR.  
 JACKSONVILLE FL 32226  
 US

Mailing Address

1921 A. HECKSCHER DR.  
 JACKSONVILLE FL 32226  
 US

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

**59-3117637**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BAGWELL, KATHY**  
**1921 A HECKSCHER DR.**  
**JACKSONVILLE FL 32226**

7. Name and Address of New Registered Agent

Name **AMY MCREE**

Street Address (P.O. Box Number is Not Acceptable)  
**1921 A HECKSCHER DR**

City **JACKSONVILLE**

**FL**

Zip Code **32226**

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

*Kathy Bagwell*

*4/8/2002*

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, 2002 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 **D** ☐ Delete  
 NAME **BAGWELL, KATHY**  
 STREET ADDRESS **5039 TIMUQUANA RD APT 1**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☐ Addition  
 NAME **KATHY BAGWELL**  
 STREET ADDRESS **1429 LEXINGTON AVE**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **AMY MCREE**  
 STREET ADDRESS **350 BULLS BAY**  
 CITY-ST-ZIP **JACKSONVILLE FL 32220**

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

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

TITLE ☐ Change ☐ Addition  
 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:

*Kathy Bagwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/8/2002*

Date

*757 1842*

Daytime Phone #

CR2E034 (9/01)



Attachment # V26588143  
**BEIR & FISCHER ACCOUNTING, INC.**

A PROFESSIONAL ASSOCIATION OF ACCOUNTANTS

\* \* \* \* FILING INSTRUCTIONS \* \* \* \*

**FLORIDA UNIFORM BUSINESS REPORT  
FORM UBR**

Company Name: \_\_\_\_\_

BAGWELL - TRANSPORT

Attached is your original Form UBR, Florida 2002 Uniform Business Report. It is very important that you file this form BEFORE May 1, 2002 to avoid paying a higher fee and possibly having the corporation dissolved.

Please review the contents of the form for accuracy. If any changes need to be made please notify us immediately. A file copy will be included in your corporate permanent file. The original should be filed in accordance with the following instructions:

Sign and date the form at the bottom.

Enclose your corporate check in the amount of \$150.00 made payable to:  
FLORIDA DEPARTMENT OF STATE.

Mail the form with your check in the enclosed envelope to:  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee FL 32302-1500

It has been a pleasure to be of service to you. If you have any questions, please call our office.