

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36517

1. Entity Name

POWELL TRANSPORT SERVICES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90032 041 ***150.00

Principal Place of Business

Mailing Address

1609 51ST STREET SOUTH
TAMPA FL 33619
US

P.O. BOX 24532
TAMPA FL 33623-4532
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 **59-3124421**

Applied For

Not Applicable

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

HALL, W. CRAIG PA
4830 W. KENNEDY BLVD
ONE URBAN CENTER, STE. 750
TAMPA FL 33609

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME POWELL, CLYDE W
STREET ADDRESS P. O. BOX 24532 N/A
CITY-ST-ZIP TAMPA FL

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

TITLE ST ☒ Delete
NAME POWELL, CLYDE W
STREET ADDRESS P. O. BOX 24532 N/A
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☒ Addition
NAME SECRETARY
STREET ADDRESS TINA M. POWELL
CITY-ST-ZIP PO BOX 24532
TAMPA, FL 33623-4532

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-09-00

Date

813-247-2804

Daytime Phone #

CR2E034 (9/99)