

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F65914

1. Entity Name

F & J TRANSPORTATION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90059 016 ***150.00

Principal Place of Business

Mailing Address

% JEAN KINNARD CANNON
12835 HOLLOWAY ROAD
TAMPA FL 33625

% JEAN KINNARD CANNON
12835 HOLLOWAY ROAD
TAMPA FL 33625-3834

2. Principal Place of Business

5912 JETPORT INDUSTRIAL BLVD

Suite, Apt. #, etc.

3. Mailing Address

5912 JETPORT INDUSTRIAL BLVD.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33634

Country

Zip

33634

Country

4. FEI Number

59-2166692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANNON (JEAN KINNARD)
12835 HOLLOWAY ROAD
TAMPA FL

5912 JETPORT IND. BLVD
TAMPA FLA 33634

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5912 JETPORT INDUSTRIAL BLVD.

City

TAMPA,

FL

Zip Code

33634

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

TITLE	VSD	☐ Delete
NAME	CANNON, JEAN K	
STREET ADDRESS	12835 HOLLOWAY ROAD	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	PTD	☐ Delete
NAME	CANNON, FELTON E	
STREET ADDRESS	12835 HOLLOWAY ROAD	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	V	☐ Delete
NAME	CHAR-LYNN, D CANNON	
STREET ADDRESS	11125 BRAMBLEBRUSH	
CITY-ST-ZIP	TAMPA FL 33624	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN KINNARD CANNON

Date

1/07/00 (813) 881-1799

CR2E034 (9/99)