

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 486956

1. Entity Name

JACK WHITE TRUCKING, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90069 021 ***150.00

Principal Place of Business

RT 3, BOX 334
ALTA FL 32421
US

Mailing Address

RT 3, ABOX 334
ALTA FL 32421
US

C0016480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

24537 NW White Pond Cir
Suite, Apt. #, etc.

3. Mailing Address

24537 NW White Pond Cir
Suite, Apt. #, etc.

City & State

ALTA FL

City & State

ALTA FL

4. FEI Number

59-1618418

Applied For

Not Applicable

Zip

32421

Country

CAHOUN

Zip

32421

Country

CAHOUN

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, JOHN A
ROUTE 3, BOX 334
ALTA FL 32421

Same as above

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 PD
NAME WHITE, JACK
STREET ADDRESS ROUTE 3, BOX 334
CITY-ST-ZIP ALTA FL 32421
24537 NW White Pond Cir

TITLE STD
NAME WHITE, SHIRLEY S
STREET ADDRESS ROUTE 3, BOX 334
CITY-ST-ZIP ALTA FL 32421
Same as above

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 Shirley S. White, Sec. 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/10/01
Daytime Phone # 850 262-8959

CR2E034 (10/00)