

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005605

1. Entity Name

J & M TANK LINES, INC.

Principal Place of Business

Mailing Address

510 W LAMAR ST
AMERICUS GA 31709
US

P.O. BOX 1659
AMERICUS GA 31709-1659

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

58-1362734

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

MOSS, MARVIN I
4651 SHERIDAN ST.
HOLLYWOOD FL 33021

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 bde 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 PDC ☐ Delete
NAME SUMERFORD, HAROLD A SR
STREET ADDRESS UPPER RIVER RD.
CITY-ST-ZIP AMERICUS GA

TITLE ST ☐ Delete
NAME SUMERFORD, WILLIAM E
STREET ADDRESS UPPER RIVER RD.
CITY-ST-ZIP AMERICUS GA

TITLE V ☐ Delete
NAME ROBERTS, ARNOLD
STREET ADDRESS 313 W. COLLEGE ST.
CITY-ST-ZIP AMERICUS GA

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 500003441475
STREET ADDRESS -10/27/00--01007--007
CITY-ST-ZIP *****550.00 *****550.00

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

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CITY-ST-ZIP

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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:

Arnold Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-00

Date

800-456-8265

Daytime Phone #

F94000005605
FILED

00 OCT 16 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40010

DO NOT WRITE IN THIS SPACE