## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F9600003078 Mar 22, 2000 8:00 am **Secretary of State** FLYING J TRANSPORTATION INC. 03-22-2000 90017 039 \*\*\*150.00 Principal Place of Business Mailing Address 50 WEST 990 SOUTH 50 WEST 990 SOUTH P.O. BOX 678 P.O. BOX 678 BRIGHAM CITY UT 84302-0678 628312 BRIGHAM CITY UT 84302 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 83-0215917 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back)-Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Delete Change TITLE CALL, O. JAY NAME NAME STREET ADDRESS 50 WEST 990 SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRIGHAM CITY UT 84302 ☐ Change Addition D۷ ☐ Delete TITLE ADAMS, J. PHILLIP NAME NAME STREET ADDRESS STREET ADDRESS 50 WEST 990 SOUTH CITY-ST-ZIP CITY-ST-ZIP **BRIGHAM CITY UT 84302** ☐ Change ☐ Addition ☐ Delete TITLE GERMER, RICHARD E NAME STREET ADDRESS STREET ADDRESS 50 WEST 990 SOUTH CITY-ST-ZIP CITY-ST-ZIP **BRIGHAM CITY UT 84302** ☐ Change ☐ Addition ☐ Delete TITLE TITLE BURGON, BARRE G NAME NAME STREET ADDRESS STREET ADDRESS 50 WEST 990 SOUTH CITY-ST-ZIP CITY-ST-ZIP **BRIGHAM CITY UT 84302** Addition Change ☐ Delete TITLE TITLE BROWN, PAUL F NAME NAME STREET ADDRESS STREET ADDRESS 50 WEST 990 SOUTH CITY-ST-ZIP CITY-ST-ZIP **BRIGHAM CITY UT 84302** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE:

Barre G. Burgon / Secretary 03/16/00 (435)734-6400

SIGNATURE AND TYPE OF PRINTER JAME OF SIGNING OFFICER OR DIRECTOR

Date Daytome Phone #

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.

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