

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K03003

1. Entity Name

JORDAN TRUCKING COMPANY, INC.

Principal Place of Business

C/O MARY JORDAN
409 FLAMINGO DRIVE
APOLLO BEACH FL 33572-2519
US

Mailing Address

PO BOX 3337
409 FLAMINGO DRIVE
APOLLO BEACH FL 33572
US

2. Principal Place of Business

7212 PIERCE HARWELL DRIVE

3. Mailing Address

7212 PIERCE HARWELL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PLANT CITY FL

City & State
PLANT CITY FL

4. FEI Number

Applied For
Not Applicable

Zip
33565-4878

Country
HILLSBOROUGH

Zip
33565-4878

Country
HILLSBOROUGH

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

JORDAN, MARY
409 FLAMINGO DRIVE
APOLLO BEACH FL 33573

Name

Street Address (P.O. Box Number is Not Acceptable)
7212 PIERCE HARWELL ROAD

City
PLANT CITY

FL

Zip Code
33565-4878

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
JORDAN, MARY
409 FLAMINGO DRIVE
APOLLO BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7212 PIERCE HARWELL RD
PLANT CITY FL 33565-4878 ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Mary Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY JORDAN

5/16/00

Date

(813)986-0503

Daytime Phone #

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90014 020 ***150.00

00059554

DO NOT WRITE IN THIS SPACE

CR2E034 (1/19)