

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K26383

1. Entity Name

JONES TRUCKING COMPANY, INCORPORATED

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90039 043 \*\*\*150.00

Principal Place of Business <b>WEST STATE RD. 200 CALLAHAN FL 32011</b>	Mailing Address <b>P.O. BOX 1320 YULEE FL 32041-1320 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip		Country	
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4. FEI Number <b>59-2899523</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>JONES, LINDA M 1890 WEST STATE RD. 20 CALLAHAN FL 32011</b>	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>1890 WEST STATE Rd. 200</b>  City <b>FL</b> Zip Code	
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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 <i>Linda M Jones</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <b>4/18/00</b> DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JONES, BRUCE L</b>		NAME <b>JONES, BRUCE L</b>	
STREET ADDRESS <b>1890 W ST RD 200</b>		STREET ADDRESS <b>1890 W ST RD 200</b>	
CITY-ST-ZIP <b>CALLAHAN FL 32011</b>		CITY-ST-ZIP <b>CALLAHAN FL 32011</b>	
TITLE <b>VST</b>	<input type="checkbox"/> Delete	TITLE <b>VST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JONES, LINDA M</b>		NAME <b>JONES, LINDA M</b>	
STREET ADDRESS <b>1290 W. STATE RD. 200</b>		STREET ADDRESS <b>1290 W. STATE RD. 200</b>	
CITY-ST-ZIP <b>CALLAHAN FL</b>		CITY-ST-ZIP <b>CALLAHAN FL</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Linda M Jones</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>4/18/00</b> Date	DAYTIME PHONE # <b>904/225-0234</b> Daytime Phone #
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CR2E034 (9/99)