

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M19974

1. Entity Name

DEEJAY TRUCKING, INC.

FILED

Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90050 002 ***150.00

Principal Place of Business

Mailing Address

7811 LAWRENCE RD
LANTANA FL 33462
US

PO BOX 16365
W PALM BCH FL 33416-6365
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

4. FEI Number

59-2574687

Applied For

Not Applicable

Zip

Country

Zip

Country

33436

USA

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

CROMARTIE, JOHN H.
7811 LAWRENCE RD
LANTANA FL 33462

Name

Street Address (P.O. Box Number is Not Acceptable)

City

BOYNTON BEACH

FL

Zip Code

33436

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 DP
NAME CROMARTIE, JOHN H.
STREET ADDRESS 7811 LAWRENCE RD
CITY-ST-ZIP LANTANA FL ☐ Delete

TITLE SD
NAME CROMARTIE, BETTY LOU
STREET ADDRESS 7811 LAWRENCE RD
CITY-ST-ZIP LANTANA FL ☐ Delete

TITLE TD
NAME CROMARTIE, JOHN H, JR
STREET ADDRESS 7811 LAWRENCE RD
CITY-ST-ZIP LANTANA FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **CITY + ZIP ONLY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Betty Lou Cromartie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00 #561-965-0547
Date Daytime Phone #

CR2E034 (9/99)