

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90105 034 ***150.00

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DOCUMENT # P00000000490

1. Entity Name
JTS TRUCKING, INC.



Principal Place of Business
ROUTE 1 BOX 800
STARKE FL 32091

Mailing Address
ROUTE 1 BOX 800
STARKE FL 32091



2. Principal Place of Business
19062 NW 84th AVE
Suite, Apt. #, etc.

3. Mailing Address
19062 NW 84th AVENUE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
STARKE FL

City & State
STARKE FL

4. FEI Number 59-3615859

Applied For
Not Applicable

Zip 32091 **Country** BRADFORD

Zip 32091 **Country** BRADFORD

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOTSON, JAMES G
ROUTE 1 BOX 800
STARKE FL 32091

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
19062 NW 84th AVENUE
City STARKE **FL** **Zip Code** 32091

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DOTSON, JAMES G
STREET ADDRESS ROUTE 1 BOX 800
CITY-ST-ZIP STARKE-FL 32091

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James G. Dotson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 (734) 609-9225
Date Daytime Phone #

CR2E034 (10/02)