## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P00000000980

Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

1. Entity Name

SIGNATURE

TCJ TRANSPORT, INC.

Mailing Address Principal Place of Business 2311 ROGERS RD. FREE ROGERS RD. LAKELAND FL 33813 LAMELAND FL 33813 3. Mailing Address 2. Principal Place of Business 12311 E. Cornell Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 84-1524613 Aurora, CO Country Zip Country 5. Certificate of Status Desired 80014-3323 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REHER, DEBORA C Street Address (P.O. Box Number is Not Acceptable) 2311 ROGERS RD. LAKELAND FL 33813 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.

**FILED** May 31, 2000 8:00 am Secretary of State

05-31-2000 90006 021 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

10. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE TITLE ☐ Delete WILLIAMS, PAUL NAME NAME STREET ADDRESS 399-D HODGES RD. STREFT ADDRESS CITY-ST-ZIP COTTONWOOD AL 36320 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE MATTEO, ALEXANDER NAME NAME 2617 S. DEPEW PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP :: LAKEWOOD CO 80227 STD Change
Ch Addition Delete TITI E TITLE Reher, Debora C. REHER, DEBORA C NAME 12311 E. Cornell Ave. #23 STREET ADDRESS 2993 S. PEORIA ST. #G7 STREET ADDRESS Aurora, CO 80014-3323 CITY-ST-ZIP CITY-ST-ZIP AURORA CO 80014 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

(NOTE. Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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.

NAME OF SIGNING OFFICER OR DIRECTOR

Debora C. Reher Secretary

05-20-00

Date

303-750-4930

Daytime Phone #

CR2E034 (9/99