

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065240

1. Entity Name

DICKERSON TRUCKING, INC.

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90142 010 \*\*\*150.00

Principal Place of Business

1302 FRANCIS STREET  
JACKSONVILLE FL 32209

Mailing Address

P.O. BOX 16952  
JACKSONVILLE FL 32245-6952

LU042031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2104 Bo Peep Dr W  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

JAX FL 32210  
City & State

City & State

JACKSONVILLE  
Zip

Country

4. FEL Number

36-4380414

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DICKERSON, JIMMIE C  
1302 FRANCIS STREET  
JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

Name

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

2104 Bo Peep DRIVE WEST

City

JACKSONVILLE FL 32210

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, 2001 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

TITLE PVST  
NAME DICKERSON, JIMMIE C  
STREET ADDRESS 1302 FRANCIS STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D  
NAME DICKERSON, JIMMIE C  
STREET ADDRESS 1302 FRANCIS STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2104 Bo Peep Dr west  
JAX FL 32210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2104 Bo Peep Dr WEST  
JAX FL 32210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmie Dickerson Pres 3-31-01 904-7334

Date

Daytime Phone #

CR2E034 (10/00)