

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000068231**

1. Entity Name
COR-J TRUCKING, INC.



Principal Place of Business
**925 SUNNYGROVE AVE.
NAPLES FL 34114**

Mailing Address
**925 SUNNYGROVE AVE.
NAPLES FL 34114**

FILED

03 SEP -2 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3658257**

Applied For
Not Applicable

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

**VALDEZ, JUAN JR.
925 SUNNYGROVE AVE.
NAPLES FL 34114**

Name

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

City

FL

Zip Code

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDVT
VALDEZ, JUAN JR.
925 SUNNYGROVE AVE.
NAPLES FL 34114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**600022759436
09/04/03--01061--001 **150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
VALDEZ, CORINA
925 SUNNYGROVE AVE.
NAPLES FL 34114** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-26-03

239 7759087

CR2E034 (10/02)

Attachment

#P00000008231

COR-I Inc.
925 Sunnygrove Ave.
Naples, FL 34114

Fax Transmittal
Office (941) 775-4414
Fax # (941) 775-0855

Date: August 26, 2003

To: Division of Corporation

Attention:

From: COR-I Trucking

Comments:

I would like to ask you to please
Waive my fees due to the fact that
I had sent out a check on April 2003
And I have been trying to go through my
Statements and noticed it ~~was never posted~~
my account thats why I'm just sending
this fee at this time I was thinking
It had been paid at your office come to
think of it the check never apparently reached
the office because I recieved this letter letting
me know that I needed to send this amount for
late fees of \$50- but Sept please reconsider waiving
me fees.

Thank you

Cain V. U. President