

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90149 024 ***150.00

DOCUMENT # P00000069197

1. Entity Name
J.E.L. TRUCKING INC.



Principal Place of Business
**3322 GRAND VISTA CT
STE 201
PORT CHARLOTTE FL 33953**

Mailing Address
**3322 GRAND VISTA CT
STE 201
PORT CHARLOTTE FL 33953**

2. Principal Place of Business
3321 BAY RIDGE WAY

3. Mailing Address
3321 BAY RIDGE WAY

Suite, Apt. #, etc.

Suite Apt. #, etc.

City & State
PORT CHARLOTTE

City & State
PORT CHARLOTTE, FL

4. FEI Number **65-1023701**

Applied For
Not Applicable

Zip
33953

Country
U.S.A.

Zip
33953

Country
U.S.A.

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

**WILSON, JERRY
3322 GRAND VISTA CT STE 201
PORT CHARLOTTE FL 33953**

Name **JERRY WILSON**
Street Address (P.O. Box Number is Not Acceptable)
3321 BAY RIDGE WAY
City **PORT CHARLOTTE** **FL** Zip Code **33953**

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 **D** ☐ Delete
NAME **DELOACH, CAROL**
STREET ADDRESS **6900-29 DANIELS PKWY.**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **D-V-P** ☒ Change ☐ Addition
NAME **DELOACH, CAROL**
STREET ADDRESS **3321 BAY RIDGE WAY**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE *Carol DeLoach*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-03

941-743-2929

Date Daytime Phone #

CR2E034 (10/02)