

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

PS 182

DOCUMENT # 00000076499

1. Entity Name

Trucking Jackson Inc



FILED  
04 AUG 12 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9083 Kentish Court

Suite, Apt. #, etc.

3. Mailing Address

9083 Kentish Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3690824

Applied For

Not Applicable

Zip

32257

Country

Duval

Zip

32257

Country

Duval

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Paul Jackson

Street Address (P.O. Box Number is Not Acceptable)  
9083 Kentish Court

City Jacksonville

FL

Zip Code

32257

**DO NOT WRITE  
IN THIS SPACE**

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

200040143512  
08/12/04--01060--005 \*\*150.00

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE Paul Jackson (President)  
NAME  
STREET ADDRESS 9083 Kentish C Jacksonville FL 32257  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

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9083 Kentish Court  
Jacksonville FL 32257

Florida Department Of State  
Division Of Corporations  
Corporate Records  
P O Box 6327  
Tallahassee, FL 32314

Sir/Madam

I am requesting a wave on my corporation fee I did not receive the form in the mail as always, You can see from my records that I have always file on time .  
Enclose please find my fee of \$150.00.

Thanks for your corporation.

Sincerely

Paul Jackson  
8/9/04

*See Report*