

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90010 017 ***150.00

DOCUMENT # 00000076499

1. Entity Name

Trucking Jackson, Inc



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.

50062884

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3659980

Applied Fee

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

Jackson Paul

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

9083 Kentish Court

City

Jacksonville

FL

Zip Code

32257

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 of individual or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's grant is required when resigning)

8-15-05

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
NAME

Paul Jackson
9083 Kentish Court
Jacksonville FL 32257

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 a duly authorized officer 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 on this report as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-05 9047305442

CR2E034B (12/02)

ATTACHMENT 50062884
PO0000076479

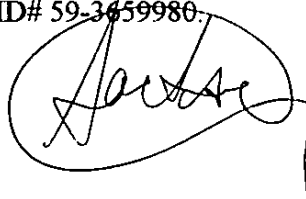
9083 Kentish Court
Jacksonville FL 32257
8/15/05

Florida Department OF State
Corporate Records
PO Box 6327,

Sir/ Madam,

I am requesting a wave of fee on my corporation, I did not get the application form.
In the future I will call a head so I can have my form early.
Is it possible that I can get my form now so I can pay early for 2006, or can I use The
copy I made from the one I submitted? Please find enclosed \$150.00 fee.

Thanks for your reply
Paul Jackson
ID# 59-3459980.

A handwritten signature in black ink, appearing to read "Paul Jackson", enclosed within a large, loopy circular flourish.