# 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 # P00000076499

1. Entity Name
Trucking Jackson, Inc

**DO NOT WRITE IN THIS SPACE**

50062884

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9083 Kentish Court<br>Suite, Apt. #, etc. | 9083 Kentish Court<br>Suite, Apt. #, etc. |
| City & State: Jacksonville FL | City & State: Jacksonville FL |
| Zip: 32257 Country: Duval | Zip: 32257 Country: Duval |

4. FEI Number: 59-3659980 (Applied For / Not Applicable)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**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: Jackson 8-15-05
Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

~~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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Paul Jackson<br>9083 Kentish Court<br>Jacksonville FL 32257 |
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CR2E034B (12/02)

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 director or 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jackson 8-15-05 9047305442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT S0062884
P0000076499

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# 59-3659980.