

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **9000000087671**

1. Entity Name
Vernon Jones - Chandler Trucking

FILED
Jun 27, 2001 8:00 am
Secretary of State
06-27-2001 90006 031 ***150.00

Principal Place of Business
Vernon Jones

Mailing Address
Alva Fl. 33920
Chandler Trucking
15561 Old Olga Rd.

ADD75069

2. Principal Place of Business
SAMS

3. Mailing Address
SAMS

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

Zip
33920

Country

Zip
33920

Country

4. FEI Number
65-1031706

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Vernon Jones
15561 Old Olga Rd.
Alva, Fl. - 33920

7. Name and Address of New Registered Agent

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.

SIGNATURE **Vernon Jones** **VERNON JONES - Pres.**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Vernon Jones 15561 Old Olga Rd. Alva, Fl. 33920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Vernon Jones** **VERNON JONES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment
DH#P00000087671
A0075069

May 16, 2001

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Vernon Jones
15561 Old Olga Rd.
Alva, FL 33920
ID# 65-1037706

To Whom It May Concern:

If I received the form to fill out to renew my corporate status, it was apparently lost during my recent move. I have been trying to reach someone over the telephone to get the information I need, but all I get is recordings. I am enclosing my check for my renewal. Please forward it to the appropriate department.

Sincerely,


Vernon Jones
ID# 65-1037706



Attachment
A075069

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 13, 2001

CHANDLER TRUCKING INC.
15561 OLD OLGA ROAD
ALVA, FL 33920

SUBJECT: CHANDLER TRUCKING INC.

Ref. Number: P00000087671

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott
Document Specialist

Letter Number: 001A00036215