

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90185 032 ***158.75

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1. Entity Name
CHANDLER TRUCKING INC.



Principal Place of Business
2551 BARCELONA AVE
FT MYERS FL 33905

Mailing Address
15561 OLD OLGA ROAD
ALVA FL 33920

22170 LUCKY LEE LN. SAME

2. Principal Place of Business

3. Mailing Address

ALVA FL 33920

22170 LUCKY LEE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ALVA FL 33920

City & State

City & State

Zip 33920

Country LEE

Zip 33920

Country LEE



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1037706

Applied For

Not Applicable

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

JONES, VERNON

15561 OLD OLGA ROAD 22170 LUCKY LEE LN
ALVA FL 33920

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Vernon Jones

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 P
NAME JONES, VERNON
STREET ADDRESS 15561 OLD OLGA ROAD
CITY-ST-ZIP ALVA FL 33920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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: Vernon Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03 239.340.5046

Date Daytime Phone #

CR2E034 (10/02)