

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000270

1. Entity Name

MJM TRUCKING, INC.

Principal Place of Business

**2311 ROGERS ROAD
LAKELAND FL 33813**

Mailing Address

**2311 ROGERS ROAD
LAKELAND FL 33813**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O BFT

Suite, Apt. #, etc.

P.O. Box 440860

City & State

Aurora, CO

Zip

Country

80044-0860

USA

6. Name and Address of Current Registered Agent

**REHER, DEBORA C
2311 ROGERS ROAD
LAKELAND FL 33813**

4. FEI Number

91-2091569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name

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

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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	PD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, RODNEY	
STREET ADDRESS	1298 CRESTRIDGE LANE	
CITY-ST-ZIP	RIVERDALE GA 30296	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MATTEO, MURRAY L	
STREET ADDRESS	15344 URAVAN ST	
CITY-ST-ZIP	BRIGHTON CO 80601	
TITLE	STD	<input type="checkbox"/> Delete
NAME	REHER, DEBORA C	
STREET ADDRESS	12311 E CORNELL AVE #23	
CITY-ST-ZIP	AURORA CO 80014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reher, Debora C.	
STREET ADDRESS	P.O. Box 440860	
CITY-ST-ZIP	Aurora, CO 80014-0860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Debora C. Reher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debora C. Reher, Secretary

Date

303-750-4930

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)