

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90013 032 ***158.75

DOCUMENT # P01000012929

1. Entity Name

JUSTIN DAVIS TRANSPORTATION, INC.

Principal Place of Business

**ROUTE 4 BOX 3020
MADISON FL 32340**

Mailing Address

**ROUTE 4 BOX 3020
MADISON FL 32340**

2. Principal Place of Business

14744 40th St.
Suite, Apt. #, etc.

3. Mailing Address

14744 40th St
Suite, Apt. #, etc.

City & State

Live Oak, FL

City & State

Live Oak, FL

Zip
32060

Country
USA

Zip
32060

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, JUSTIN
ROUTE 4 BOX 3020
MADISON FL 32340**

7. Name and Address of New Registered Agent

Name **Mathew Harrell**

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

14744 40th St

City **Live Oak**

FL

Zip Code
32060

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 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, 2002 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 **PSTD** ☒ Delete
NAME **DAVIS, JUSTIN**
STREET ADDRESS **ROUTE 4 BOX 3020**
CITY-ST-ZIP **MADISON FL 32340**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Change ☒ Addition
NAME **Mathew Harrell**
STREET ADDRESS **14744 40th St**
CITY-ST-ZIP **Live Oak, FL 32060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)