
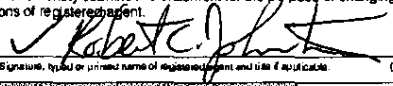
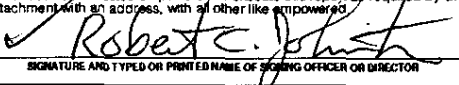


FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000046656</b>			
1. Entity Name <b>JERZAK TRUCKING, INC.</b>			
Principal Place of Business 5520 GUNN HWY APT 1203 TAMPA, FL 33624		Mailing Address 5520 GUNN HWY APT 1203 TAMPA, FL 33624	
2. Principal Place of Business <b>5520 GUNN HWY</b> Suite, Apt. #, etc. <b>403</b>		3. Mailing Address <b>5520 GUNN HWY</b> Suite, Apt. #, etc. <b>403</b>	
City & State <b>TAMPA FL 33614</b>		City & State <b>TAMPA FL 33624</b>	
Zip <b>33624</b>	Country	Zip <b>33624</b>	Country
6. Name and Address of Current Registered Agent <b>JOHNSTON, ROBERT C</b> 5520 GUNN HWY APT 1203 TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5520 GUNN HWY APT 403</b> City <b>TAMPA</b> FL Zip Code <b>33624</b>	
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:  <small>Signature, title or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when withdrawing.)</small> 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSTON, ROBERT C 5520 GUNN HWY APT 1203 TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5520 GUNN HWY APT 403</b> <b>TAMPA FL 33624</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <b>7-20-03</b> Daytime Phone #	

100022136831  
08/08/03--01002--003 \*\*150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

9/7/30

**JERZAK TRUCKING INC**

5520 Gunn Hwy Apt 403  
Tampa, FL 33624

July 11, 2003

**Division of Corporations**

**P.O Box 6327**

**Tallahassee, FL 32314**

**Re: Annual Report Fees**

**Per our conversation I am including the fee of \$150.00 for the Annual report. This is the first year we need to pay these fees. Please make note that I am receiving all my mail on 5520 Gunn Hwy Apt 403, Tampa, FL 33614**

**Thank you, for your services.**

**Robert C Johnston  
Officer**

