

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-10-2002 90181 028 ***150.00

DOCUMENT # P01000090471

1. Entity Name

T J'S TRUCKING & TEAMING CO.

Principal Place of Business

2501 S.E. 19TH AVENUE
 CAPE CORAL FL 33904

Mailing Address

2501 S.E. 19TH AVENUE
 CAPE CORAL FL 33904

40099

2. Principal Place of Business

TRUCKING
 Suite, Apt. #, etc.

3. Mailing Address

2501 S.E. 19TH Ave
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE Coral

City & State

Florida

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33904

Country

LEE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOKOS, THOMAS J
 2501 S.E. 19TH AVENUE
 CAPE CORAL FL 33904

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

SIGNATURE

Thomas J. Moker

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/18/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	CHR	<input type="checkbox"/> Delete
NAME	MIKOS, THOMAS J	
STREET ADDRESS	2501 S.E. 19TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MIKOS, THOMAS J	
STREET ADDRESS	2501 S.E. 19TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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		
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	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
#D01000090471/40099

Thomas Mikos

DEPARTMENT OF STATE

5/24/02

150.00

01450

Had I received this form
at the beginning of the license period
I would have paid it on time
Please accept this check as payment in full

community

INCORPORATION FEE

150.00