

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

DOCUMENT # **AMENDED 061600090471**

1. Entity Name

TJ's Trucking & Teaming Co.



**FILED**  
03 JUL 16 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3660 Work Dr.

3. Mailing Address

P.O. Box 60944

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers Fl.

City & State

Ft. Myers Fl.

Zip

33916

Country

Lee

Zip

33906--6944

Country

Lee

4. FEI Number

50-0005058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas J. Mikos

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

2501 S.E. 19th Ave.

City

Capr Coral

FL

Zip Code  
33904

**DO NOT WRITE  
IN THIS SPACE**

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. Mikos*

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

(NOTE: Registered Agent signature required when reinstating)

07/01/03

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Chr  
Maurice Miller  
3660 Work Dr.  
Ft. Myers, Fl 33916

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pd  
Maurice Miller  
3660 Work Drr.  
Ft. Myers, Fl. 33916

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sec  
Diane Rogers  
3660 Work Dr.  
Ft. Myers, Fl. 33916

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Maurice Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/03

Date

Daytime Phone #

CR2E034B (12/02)