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

DOCUMENT # AMENDED POLSOSO 9047/ 1. Entity Name

TJ's Trucking & Teaming Co.



FILED 03 JUL 16 PM 12: 18 COSTARY OF STATE

DU NUI WRITE IN THIS SPACE					SECKETANT TALLAHASSEE, FLORIDA		
2. Principal P	3. Mailing Address		A STATE OF THE STA				
		P.O. Box 609	2/1/1		•		
3660 Work Dr.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS COACE		
Suite, Apt. #, etc. Suite, Apt. #, e					DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 50-0005058	Applied For	
<u> </u>			<u> Ft. Myers Fl. </u>		···	Not Applicable	
Zip 3391(Country Lee	Zip 33906=-6944	Country Lee		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				7.	Name and Address of Current Registered	l Agent	
			Name	Name Thomas J. Mikos			
DO_NOT_WRITE			Street Address (P.O. Box Number is Not Acceptable)				
	Line Control of the C	2501 S.E. 19th Ave.					
	IN THIS	SPACE					
			City	Can	or Coral FL	. 33964	
8. The above	named entity submits this statem	ent for the purpose of changing its	registered office o		d agent, or both, in the State of Florida. I am f.	amiliar with, and accept	
the obligations of registered agent.							
SIGNATURE .	Signature, typed or printed name if registered	Makes	: Registered Agent signal	Use required wh	07/0	1/03	
Jar	nuary 1 - May 1 Fee/s \$150.0		. riagistores Agent signal	ore required wi	(Mineral activity)		
} / After May 1, Fee is \$550.00					9. Election Campaign Financing	\$5.00 May Be	
Mara Chast	Amended UBR is \$61.25				Trust Fund Contribution.	Added to Fees	
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS				all tales are considered			
TITLE .	Chr	7.40 0.000	TITLE	THE RESIDENCE OF	And the state of t	A Therefore	
NAME	-Maurice Miller		NAME		COUNTY OF CASE		
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NAME	Maurice Miller	-	NAME				
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CITY-ST-ZIP			- CITY-ST-ZIP			V	

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.