

4/9/0

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91188 050 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000096146**

1. Entity Name

J &amp; R FREIGHT EXPRESS, INC.

Principal Place of Business

597 S EDGEWOOD AVE  
 JACKSONVILLE FL 32205

Mailing Address

597 S EDGEWOOD AVE  
 JACKSONVILLE FL 32205

87430



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3744180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

DO NOT WRITE IN THIS SPACE

EIN #

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMBS, JOHN N  
 597 S EDGEWOOD AVE  
 JACKSONVILLE FL 32205

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.

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 NAME ☐ Delete

PD  
 COMBS, JOHN N  
 9135 JOOS ROAD  
 JACKSONVILLE FL 32220

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1, 2002 904 78/0068

CR2E034 (9/01)