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Secretary of State
05-21-2002 90875 013 ***150.00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000116836

1. Entity Name

R+L SANDERS TRUCKING, INC

DO NOT WRITE IN THIS SPACE

96288

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2. Principal Place of Business: 1253 KENNARD St.
Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL
Zip: 32208 Country: DUVAL

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 26-000-3310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: SANDERS WILBERT R.
Street Address (P.O. Box Number is Not Acceptable): 1253 KENNARD ST
City: JACKSONVILLE FL Zip Code: 32208

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSD
NAME	SANDERS WILBERT R.
STREET ADDRESS	1253 KENNARD ST.
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	VTD
NAME	SANDER, LOIS J
STREET ADDRESS	1253 KENNARD ST
CITY-ST-ZIP	JACKSONVILLE. FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034 (12/01)

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

SIGNATURE: Lois J. Sanders 4-29-02 (904) 366-3436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #