

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90452 029 ***150.00

DOCUMENT # P02000073717

1. Entity Name

ST. JUDE TRUCKING INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14224 TROLLMAN ST

3. Mailing Address
P.O. BOX 12008

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SPRING HILL, FL

City & State
BROOKSVILLE, FL

Zip
34609

Country

Zip
34603

Country

4. FEI Number
01-0732548

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
CHACKO, ABRAHAM -V

Street Address (P.O. Box Number is Not Acceptable)
14224 TROLLMAN ST

City
SPRING HILL, FL Zip Code
34609

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

(NOTE: Registered Agent signature required when reinstating)

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
PS
CHACKO, ABRAHAM V
14224 TROLLMAN ST
SPRING HILL, FL 34609

TITLE
NAME
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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: Chacko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

Daytime Phone #

CR2E034B (12/02)