2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P020

P02000073717

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

ST. JUDE TRUCKING INC.



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

05-03-2004 90452 029 ***150.00

DO NOT WRITE IN THIS SPACE

				14016814		
2. Principal Place of Business 14224 TROLLMAN ST		3. Mailing Address P.O. BOX 12008		14010017		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State SPRING HILL, FL		City & State BROOKSVILLE, FL		4. FEI Number 01 – 0732548	Applied For Not Applicable	
34609	Country	^{Zip} 34603	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		restriction (in the day of	K Julius Land	7. Name and Address of Current Registerer	d Agent	
DO NOT WRITE			NameC	Name CHACKO,—ABRAHAM V		
		/RIIE	Street Address	224 ^{Nu} Trollman st		
IN THIS SPACE			<u>'</u>	, 1221 INOBIMAN OI		
			City	EI	Zip Code	
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The above na the obligation	med entity submits this statement in s of registered agent.	for the purpose of changin	g its registered office or register	red agent, or both, in the State of Florida. I am I	familiar with, and accept	
SIGNATURE Signature, typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) * DATE						
and the second s	arv 1 - May 1 Fep Is \$150.00		(NOTE: Hogistores Agent signature requires	(Market Total Stationary) FOATE	·	
A)	ter May 1, Fee is \$550.00			9. Election Campaign Financing	\$5.00 May Be	
	Amended UBR is \$61.25 ayable to Florida Department (of State		Trust Fund Contribution.	Added to Fees	
10. OFFICERS AND DIRECTORS						
TITLE P	······		THE CASE OF			
	HACKO, ABRAHAM	V	NAME			
STREET ADDRESS 1	4224 TROLLMAN S	Г	STREET ADDRESS			
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I hereby certify that the information supplied with this filling 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 it 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR