

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91343 047 ***150.00

0082200 AV

DOCUMENT # P02000075375

1. Entity Name
ROJO TRUCKING, INC.



Principal Place of Business
**2471 AINSWORTH AVE.
DELTONA FL 32738**

Mailing Address
**2471 AINSWORTH AVE.
DELTONA FL 32738**



2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
P.O. Box 391664

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Deltona FL

4. FEI Number
59-369-3929

Applied For
 Not Applicable

Zip Country

Zip Country
32738 Volusia

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, RONNIE
2471 AINSWORTH AVE.
DELTONA FL 32738**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **JACKSON, RONNIE**
STREET ADDRESS **2471 AINSWORTH AVE**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **FOSTER, NANNA**
STREET ADDRESS **2471 AINSWORTH AVE.**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **VP** Change Addition
NAME **Foster Nanna**
STREET ADDRESS **P.O. Box 391664**
CITY-ST-ZIP **Deltona FL 32738**
Corrections

TITLE **SE/T** Delete
NAME **FOSTER, NANNA**
STREET ADDRESS **2471 AINSWORTH AVE.**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **SEC** Change Addition
NAME **Foster Nanna**
STREET ADDRESS **P.O. Box 391664**
CITY-ST-ZIP **Deltona FL 32738**
Corrections

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Nanna Foster** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23-03 **407/222/4670**
Date Daytime Phone #

CR2E034 (10/02)