

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91068 011 ***158.75

DOCUMENT # P02000094990

1. Entity Name
CAM JAM TRUCKING, INC.



Principal Place of Business
1605 WESTERLY DRIVE
BRANDON FL 33511

Mailing Address
1605 WESTERLY DRIVE
BRANDON FL 33511



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1605 Westerly Dr
Suite, Apt. #, etc.
Brandon FL 33511
City & State

3. Mailing Address
1605 Westerly Dr
Suite, Apt. #, etc.
Brandon FL
City & State

Zip
33511
Country
USA

Zip
33511
Country
USA

4. FEI Number
75-3090596
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GILL, JR., THOMAS P
137 SOUTH PARSONS AVENUE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name
Same
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	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACNEEL, BRIAN L		NAME		
STREET ADDRESS	1971 LUMSDEN ROAD, BOX 173		STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACNEEL, JR., MELVEN F		NAME		
STREET ADDRESS	1971 LUMSDEN ROAD, BOX 173		STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CR2E034 (10/02)