

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

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90005 006 ***150.00

DOCUMENT # P 03000067331

1. Entity Name

TROY'S TRUCKING OF JAX, INC.

DO NOT WRITE IN THIS SPACE

54054322

2. Principal Place of Business

3709 OLD KINGS ROAD

Suite, Apt. #, etc.

3. Mailing Address

3709 OLD KINGS ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

54-2115888

Applied For

Not Applicable

Zip

32254

Country

USA

Zip

32254

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ERIC S. KOLAR, P.A.

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

1830 ATLANTIC BLVD

City

JACKSONVILLE

FL

Zip Code

32207

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COONER, TROY B
3709 OLD KINGS ROAD
JACKSONVILLE FL 32254

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
COONER, TROY K
3709 OLD KINGS ROAD
JACKSONVILLE FL 32254

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 I am empowered.

SIGNATURE:

Troy K Cooner Troy K Cooner

Date

3-1-04

Daytime Phone #

475-0055

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**