2005 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

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FILED
Jun 08, 2005 8:00 am
Secretary of State
05-02-2005 90496 049 ***150.00

DOCUMENT # P03000067331

1. Entity Name
TROY'S TRUCKING OF JAX INC

DO NOT WRITE IN THIS SPACE

66022248

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2. Principal Place of Business	3. Mailing Address
3709 OLD KINGS ROAD	3709 OLD KINGS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32254 Country: USA	Zip: 32254 Country: USA

4. FEI Number: 54-2115888 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: TROY K. COONER

Street Address (P.O. Box Number is Not Acceptable): 3709 OLD KINGS ROAD

City: JACKSONVILLE FL Zip Code: 32254

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: Troy K. Cooner ST (Signature, name or printed name of registered agent and title if applicable.) (NOTE: Power of Attorney signature required when remitting.) DATE: 4-29 05

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 P NAME COONER, TROY B. STREET ADDRESS 3709 OLD KINGS ROAD CITY-ST-ZIP JACKSONVILLE FL 32254	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S T NAME COONER, TROY K STREET ADDRESS 3709 OLD KINGS ROAD CITY-ST-ZIP JACKSONVILLE FL 32254	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 like empowered.

SIGNATURE: Troy B. Cooner 6/7/05 904-475-0055
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)