

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

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

03-03-2004 90025 016 ***150.00

DOCUMENT # **P03000120367**

1. Entity Name

C+J Tractor Inc.



DO NOT WRITE IN THIS SPACE

44015085

2. Principal Place of Business

2606 Sparkman Rd.

Suite, Apt. #, etc.

3. Mailing Address

2606 Sparkman Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plant City, Fla.

City & State

Plant City, Fla.

4. FEI Number

35-2219040

Applied For

Not Applicable

33566

Country

USA

33566

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Charles B. Joyce**

Street Address **2606 Sparkman Rd.**

City **Plant City**

FL

Zip **33566**

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

SIGNATURE

[Signature]

3-1-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **owner - president**
NAME **Charles B. Joyce**
STREET ADDRESS **2606 Sparkman Rd**
CITY-ST-ZIP **P.C. FL 33566**

TITLE **Secretary - Treasurer**
NAME **Samantha N. Meadows**
STREET ADDRESS **4060 poinsettia DR**
CITY-ST-ZIP **mulberry Fla 33860**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-04

Date

813-754-3378

Daytime Phone #

CR2E034B (12/02)