

ATX1

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

09 MAY 29 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700156573427

05/29/09--01003--013 **150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P08000056512
1. Entity Name
Fly By Night Trucking, Inc.

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2. Principal Place of Business		3. Mailing Address	
10192 SW 200 St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Cutler Bay, FL			
Zip	Country	Zip	Country
33157-8631			

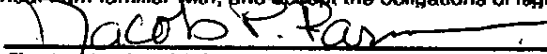
4. FEI Number	Applied For
28-2807644	Not Applicable
5. Certificate of Status Order	\$8.75 Additional Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	
Jacob Parsons	
Street Address (P.O. Box Number is Not Acceptable)	
10192 SW 200th St.	
City	Zip Code
Cutler Bay	33157-8631

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, 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 \$650.00

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	PD
NAME	Jacob Parsons
STREET ADDRESS	10192 SW 200th St.
CITY-ST-ZIP	Cutler Bay, FL 33157-8631
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	

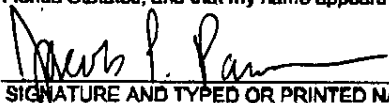
11.

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	

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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:

 Jacob P. Parsons

4/28/09 386
853-0217

Daytime Phone #

H29