

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90462 039 ***150.00

DOCUMENT # P35343

1. Entity Name

J.M. CARRANZA TRUCKING CO. INC.



Principal Place of Business

J. M. CARRANZA TRUCKING CO., INC.
5805 ANDERSON RD.
TAMPA FL 33634
US

Mailing Address

J. M. CARRANZA TRUCKING CO., INC.
P. O. BOX 20741
TAMPA FL 33622-0741
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3114526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRANZA, JUAN

9304 LONGSTONE CT.

TAMPA FL 33615

Name

CARRANZA, JUAN

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

8333 W. FOREST CIR.

City

TAMPA

FL

Zip Code

33615

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

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 **PC** ☐ Delete
NAME **CARRANZA, JUAN M.**
STREET ADDRESS **9304 LONGSTONE CT.**
CITY-ST-ZIP **TAMPA FL**

TITLE **PRESIDENT** ☐ Change ☐ Addition
NAME **CARRANZA, JUAN**
STREET ADDRESS **8333 W. FOREST CIR.**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **VCV** ☐ Delete
NAME **GONZALEZ, JOSE A.**
STREET ADDRESS **2099 BACKWATER TRAIL**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

JUAN M. CARRANZA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-03 (813) 8833187

Date

Daytime Phone #

CR2E034 (10/02)