

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088115

1. Entity Name

CHUNGA FREIGHT CO., INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90092 035 \*\*\*150.00

Principal Place of Business

Mailing Address

80 INDUSTRIAL LOOP NORTH  
BLDG. 3  
ORANGE PARK FL 32073

80 INDUSTRIAL LOOP NORTH  
BLDG. 3  
ORANGE PARK FL 32073-6263

2. Principal Place of Business

3. Mailing Address

6142 LAKE GRAY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, Florida

Zip

Country

Zip

Country

32244

US

4. FEI Number

59-3223509

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

POINTS, TIM  
80 INDUSTRIAL LOOP NORTH  
BLDG. 3  
ORANGE PARK FL 32073

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME            | STREET ADDRESS         | CITY-ST-ZIP           | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|-----------------|------------------------|-----------------------|-------|------|----------------|-------------|
| P     | KERRY BENTLEY   | 1951 SOUTH OCEAN DRIVE | JACKSONVILLE BEACH FL |       |      |                |             |
| V     | HETZ, WALTER    | 10516 HAMLET TERR.     | JACKSONVILLE FL       |       |      |                |             |
| ST.   | POINTS, TIMOTHY | 7042 BUCKBOARD CT      | MIDDLEBURG FL         |       |      |                |             |
|       |                 |                        |                       |       |      |                |             |
|       |                 |                        |                       |       |      |                |             |
|       |                 |                        |                       |       |      |                |             |
|       |                 |                        |                       |       |      |                |             |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

904-317-5601

Daytime Phone #

CR2E034 (9/99)