2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # P94000016773 1. Entity Name 05-18-2001 91569 022 ***150.00 F. & J. TRANSPORT, INC. L, Principal Place of Business Mailing Address 2431 N.E. 3RD AVE. 2431 N.E. 3RD AVE. 7 D O U I v OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business 3. Mailing Address 465 GROVE ISLE CIKUE 465 GROVE ISLECTICLE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BLAG 22 Applied.For. BEACH - FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired NDIANRIVER NOIANRIVE Fee Required 5. Name and Address of Current Registered Agent 7." Name and Address of New Registered Agent **GUGEL. FRANCIS W** Street Address (P.O. Box Number is Not Acceptable) 2431 N.E. 3RD AVE. **OCALA FL 34470** Zip Code B. 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Delete TITLE TITLE GUGEL, FRANCIS W NAME NAME 465 GAOVEISLE CIRCLE VERO BEACH FL. 32962 STREET ADDRESS STREET ADDRESS 2431 N.E. 3RD AVE. CITY-ST-77P CITY-ST-ZIP OCALA FL 34470 Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRANCISUL Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.