

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90029 001 ***150.00

DOCUMENT # P94000028704

1. Entity Name

JAX TRUCK & EQUIPMENT, INC.

Principal Place of Business

Mailing Address

COMMONWEALTH AVE.
 JACKSONVILLE FL 32205

1229 LANE CIRCLE EAST
 JACKSONVILLE FL 32254-2235
 US

820800

2. Principal Place of Business

3. Mailing Address

5290 Siesta Del Rio Dr. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville

Zip

Country

Zip

Country

32258

DUVAL

4. FEI Number

59-3235715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VILLANUEVA, LAMBERTO
 5918 LANE CIRCLE SOUTH
 JACKSONVILLE FL 32254

7. Name and Address of New Registered Agent

Name PAT WEEKS

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

5290 SIESTA Del Rio Dr. S

City Jacksonville

FL

Zip Code 32258

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	D	<input type="checkbox"/> Delete
NAME	WEEKS, PAT M	
STREET ADDRESS	5911 COMMONWEALTH AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILLANUEVA, LAMBERTO	
STREET ADDRESS	5905 COMMONWEALTH AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEEKS, PAT M	
STREET ADDRESS	5290 SIESTA Del Rio Dr S	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEEKS, PAT M	
STREET ADDRESS	5290 SIESTA Del Rio Dr S.	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILLANUEVA, LAMBERTO	
STREET ADDRESS	5290 SIESTA Del Rio Dr. S	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 PAT WEEKS pres

Date

Daytime Phone #

3-700 904 262-0547

CR2E034 (9/99)