

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90990 008 \*\*\*150.00

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**DOCUMENT # P94000028897**

1. Entity Name  
**ROGER JUNIOR TRUCKING, INC.**



Principal Place of Business  
**380 SOUTH STATE ROAD 434-1004**  
**PMB 173**  
**ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**380 SOUTH STATE ROAD 434-1004**  
**PMB 173**  
**ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business  
**2743 John Paul Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 1803**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Orlando FL**  
Zip  
**32810**  
Country

City & State  
**Minneola, FL**  
Zip  
**34755**  
Country

4. FEI Number **59-3242307**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ATKINSON, ROGER**  
**2743 JOHN PAUL DR**  
**ORLANDO FL 32714**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 **0** ☐ Delete  
NAME **ATKINSON, ROGER**  
STREET ADDRESS **380 S SR 434 SUITE 173**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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: **ROGER ATKINSON** **4-28-03** **352-243-1919**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)