

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037481

1. Entity Name

CLASSIC TRUCKING, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90351 029 ***150.00

Principal Place of Business

5950 SE 138TH STREET
HOBE SOUND FL 33455

Mailing Address

P.O. BOX 991
HOBE SOUND FL 33475
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

5950 SE 138th STREET

Suite, Apt. #, etc.

HOBE SOUND FL

33455

USA

4. FEI Number 65-0494407

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JENKINS, PAULA K.
8756 SE BAHAMA CIRCLE
HOBE FL 33455

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.

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, 2001 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

TITLE DP
NAME JENKINS, PAULA
STREET ADDRESS 8756 SE BAHAMA CIRCLE
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE DV
NAME JENKINS, SCOTT A
STREET ADDRESS 8756 SE BAHAMA CIRCLE
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE DST
NAME JENKINS, DONALD A
STREET ADDRESS 8756 SE BAHAMA CIRCLE
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Paula K. Jenkins PAULA K. JENKINS

4/30/01

361-546-6496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)