

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90109 030 ***150.00

DOCUMENT # P94000041872

1. Entity Name
J. BURD TRUCKING, INC.



Principal Place of Business
13189 87TH AVENUE NORTH
SEMINOLE FL 33776

Mailing Address
13189 87TH AVENUE NORTH
SEMINOLE FL 34645

2. Principal Place of Business

7090 S. Gilbert TERR
Suite, Apt. #, etc.

3. Mailing Address

7090 S. Gilbert TERR
Suite, Apt. #, etc.

City & State
LECANTO, FL.

City & State
LECANTO, FL.

4. FEI Number **59-3250030**

Applied For
Not Applicable

Zip
34461

Country
CITRUS

Zip
34461

Country
CITRUS

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

6. Name and Address of Current Registered Agent

BURDUE, JAMES R I
13189 87TH AVENUE NORTH
SEMINOLE FL 33776

7. Name and Address of New Registered Agent

Name **JAMES R I BURDUE, JAMES R I**
Street Address (P.O. Box Number is Not Acceptable) **7090 S. GILBERT TERR**
City **LECANTO** **FL** **34461**

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BURDUE, JAMES R I 13189 87TH AVENUE NORTH SEMINOLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James R. Burdue* **JAMES R. BURDUE** **4-20-03** **(352)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **DAYTIME PHONE #** **621-8067**

CR2E034 (10/02)