FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90042 050 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076503

1. Entity Name
C. & J. TRUCKING INC.

DO NOT WRITE IN THIS SPACE

20007801 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6704 Lotus Rd. S.		6704 Lotus Rd. S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JACKSONVILLE, FLA.		City & State: JACKSONVILLE, FLA.	
Zip: 32211	Country: DUVAL	Zip: 32211	Country: DUVAL

4. FEI Number: 59-3081298 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Charles H. Vaughn

Street Address (P.O. Box Number is Not Acceptable): 6704 Lotus Rd. S.

City: JACKSONVILLE, FLA. FL Zip Code: 32211

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT	TITLE	
NAME	CHARLES H. VAUGHN	NAME	
STREET ADDRESS	6704 LOTUS RD. S.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLA. 32211	CITY-ST-ZIP	
TITLE	VIC-PRESIDENT	TITLE	
NAME	JUDITH L. VAUGHN	NAME	
STREET ADDRESS	6704 LOTUS RD. S.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FLA. 32211	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles H. Vaughn 3/12/07 1-904-706-3982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #