

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004352

1. Entity Name

J. J. GOATEER SCHOOL BUS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90112 010 ***150.00

Principal Place of Business

Mailing Address

5710 EARL CIR. NORTH
JACKSONVILLE FL 32219

5710 EARL CIR. NORTH
JACKSONVILLE FL 32219-3600

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3293243

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOBEK, BARRY A
503 E. MONROE STREET
JACKSONVILLE FL 32202

Name

Doris L. Williams

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

5710 Earl Circle N

City

Jacksonville

FL

Zip Code

32219

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

Barry A Bobek

Jan 10-2000

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WILLIAMS, JONATHAN JR.
5710 EARL CIR. NORTH
JACKSONVILLE FL 32219

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
DORIS, WILLIAMS L
5710 EARL CIR N
JACKSONVILLE FL 32219

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Doris L. Williams
President
5710 Earl Cir N
Jax FL 32219

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WILLIAMS, BENJAMIN
11574 SUNKEN MEADOW CT
JACKSONVILLE FL 32218

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Doris L. Williams

Jan 10-2000 904-764-2648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)