

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007792

1. Entity Name

J & J TRUCKING & GRADING, INC.

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90030 015 ***150.00

Principal Place of Business

Mailing Address

4376 SUGARTREE DR
BOCA RATON FL 33487

4376 SUGARTREE DR
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

4376 SUGAR PINE DR.

4376 SUGAR PINE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

BOCA RATON

Zip

33487

Country

Zip

33487

Country

4. FEI Number

65-0568307

Applied For

Not Applicable

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

ELY, KEITH A
4376 SUGAR PINE DR
BOCA RATON FL 33487

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, 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 PT ☐ Delete
NAME KEITH ALLEN ELY
STREET ADDRESS 4376 SUGAR PINE DR
CITY-ST-ZIP BOCA RATON FL 33487
TITLE PTV ☐ Delete
NAME JUDITH DIANE CALIN-ELY
STREET ADDRESS 4376 SUGAR PINE DR
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE ☐ Delete
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CITY-ST-ZIP
TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *X*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X/1/19/00 561-392-6963

CR2E034 (9/99)