

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90079 041 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000063509

1. Entity Name
CHARBONNEAU BROS. TRANSPORTATION, INC.

Principal Place of Business
**37351 BRADENTON ARCADIA RD
 MYAKKA CITY FL 34251**

Mailing Address
**P O BOX 373
 MYAKKA CITY FL 34251**

2. Principal Place of Business

3. Mailing Address
252 MICHAEL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CRAWFORDVILLE FL

4. FEI Number
59-3343310

Applied For
☐ Not Applicable

Zip

Country

Zip
32327

Country
FLORIDA

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

**CHARBONNEAU, JOSEPH A
 37351 BRADENTON ARCADIA RD
 MYAKKA CITY FL 34251**

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

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, 2002 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	P	☐ Delete
NAME	CHARBONNEAU, JOSEPH A	
STREET ADDRESS	37351 BRADENTON-ARCADIA RD.	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	V	☐ Delete
NAME	CHARBONNEAU, JOSEPH JR.	
STREET ADDRESS	37351 BRADENTON-ARCADIA RD.	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	V	☐ Delete
NAME	CHARBONNEAU, CLIFFORD	
STREET ADDRESS	37351 BRADENTON-ARCADIA RD.	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	ST	☐ Delete
NAME	CHARBONNEAU, JEANETTE	
STREET ADDRESS	37351 BRADENTON-ARCADIA RD.	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	SECRETARY	☐ Delete
NAME	KATHA CHARBONNEAU	
STREET ADDRESS	252 MICHAEL DR	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Jeannette Charbonneau
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JEANNETTE CHARBONNEAU**

1/9/02 **850-926-5066**
 Date Daytime Phone #

CR2E034 (9/01)