

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047977

1. Entity Name

JACK BIGELOW TRUCKING, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90119 018 ***150.00

Principal Place of Business

Mailing Address

2689 70TH STREET S.W.
NAPLES FL 34105
US

2689 70TH STREET S.W.
NAPLES FL 34105-7221
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0672860

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

BIGELOW, BARBARA L
2689 70TH STREET SOUTHWEST
NAPLES FL 34105

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

Barbara L Bigelow
Signature, typed or printed name of registered agent and title if applicable.

(No change in Registered Agent)
(NOTE: Registered Agent Signature required when reinstating)

04-18-00
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	D	<input checked="" type="checkbox"/> Delete
NAME	BIGELOW, PERRY	
STREET ADDRESS	2689 70TH STREET SOUTHWEST	
CITY-ST-ZIP	NAPLES-FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIGELOW, MICHAEL	
STREET ADDRESS	2689 70TH STREET SOUTHWEST	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BIGELOW, BARBARA	
STREET ADDRESS	2689 70TH STREET S W	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Barbara L Bigelow Barbara L. Bigelow* *04-18-00 941 241-2320*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)