

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083223

1. Entity Name

MARKHAM TRUCKING, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90146 012 ***150.00

Principal Place of Business

7800 OLD KINGS ROAD
JACKSONVILLE FL 32219

Mailing Address

7800 OLD KINGS ROAD
JACKSONVILLE FL 32219-2944

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

59-3403896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARKHAM, JACQUELYN L
7800 OLD KINGS ROAD
JACKSONVILLE FL 32219

7. Name and Address of New Registered Agent

Name **MARKHAM, THOMAS LARRY**

Street Address (P.O. Box Number is Not Acceptable)
7800 OLD KINGS RD.

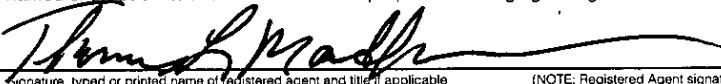
City **JACKSONVILLE**

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



Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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

TITLE **D** ☐ Delete
NAME **MARKHAM, THOMAS LARRY**
STREET ADDRESS **7800 OLD KINGS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE **P** ☒ Delete
NAME **MARKHAM, JACQUELYN L**
STREET ADDRESS **7800 OLD KINGS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P** ☐ Change ☒ Addition
NAME **MARKHAM, THOMAS LARRY**
STREET ADDRESS **7800 OLD KING RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32219**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 904-768-6519