

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90469 004 \*\*\*150.00

**DOCUMENT # P96000093200**

1. Entity Name

**L & J TRUCKING MOORE HAVEN, INC.**

Principal Place of Business

**225 OAK STREET  
MOORE HAVEN FL 33471**

Mailing Address

**POST OFFICE BOX 4  
MOORE HAVEN FL 33471**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MOORE HAVEN, FL**

Zip **33471**

Country **Blades**

Zip

Country

4. FEI Number **65-0706080**

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

**ASH, LEROY  
225 OAK STREET  
MOORE HAVEN FL 33471**

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 **L & J Trucking**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-7-01**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>						
	<b>ASH, LEROY</b>	<b>POST OFFICE BOX 4 N/A</b>	<b>MOORE HAVEN FL 33471</b>				
	<b>Leroy Ash</b>	<b>P.O. Box #4</b>	<b>Moorehaven, Fla. 33471</b>				
	<b>Leroy O. Ash</b>	<b>P.O. Box #4</b>	<b>Moore Haven, FL 33471</b>				

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, 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 **L & J Trucking**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-01-943-916-0934**

Date

Daytime Phone #

CR2E034 (10/00)