

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90001 030 ***550.00

013664 AT

DOCUMENT # P97000006790

1. Entity Name
J & M TRUCKING SERVICES, INC.

Principal Place of Business
225 CANAL AVENUE
OAK HILL FL 32759

Mailing Address
225 CANAL AVENUE
OAK HILL FL 32759



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3420976

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

J & M Trucking Service
PO Box 901
OAK HILL Fla FL 32759

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)

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FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTDO	<input type="checkbox"/> Delete
NAME	MALCOLM, JOHN K	
STREET ADDRESS	225 CANAL AVENUE	
CITY-ST-ZIP	OAK HILL FL 32759	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MALCOLM, MELISSA S	
STREET ADDRESS	225 CANAL AVENUE	
CITY-ST-ZIP	OAK HILL FL 32759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MELISSA S. MALCOLM
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/4/01 (386)345-3291

CR2E034 (5/01)