

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045605

1. Entity Name

M.J.M. TRANSPORT LIMITED, INC.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90058 033 ***150.00

Principal Place of Business

7114 ARBOR VIEW LN
NEW PORT RICHEY FL 34653

Mailing Address

310 HUMBERLINE BLVD
REXDALE ONTARIO
CANADA M9W 5S2

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

NOT APPLICABLE

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

HOGG, GEORGE

7114 ARBOR VIEW LN
NEW PORT RICHEY FL 34653

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

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) ☐

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 ☐ Delete
NAME
D HOGG, GEORGE
STREET ADDRESS
RR2 LORETTO
CITY-ST-ZIP
ONTARIO CANADA LOG 1LO

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

TITLE ☐ Delete
NAME
D HOGG, JOCELYN
STREET ADDRESS
RR2 LORETTO
CITY-ST-ZIP
ONTARIO CANADA LOG 1LO

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

TITLE ☐ Delete
NAME
D HOGG, MARGARET
STREET ADDRESS
RR #2
CITY-ST-ZIP
LORETTO, ONTARIO LOGILO

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 5, 2001. (416) 675-7265

CR2E034 (10/00)

 U.S. Department of Transportation Federal Motor Carrier Safety Administration		<h2 style="margin: 0;">MOTOR CARRIER IDENTIFICATION REPORT</h2> <h3 style="margin: 0;">(Application for U.S. DOT Number)</h3>																	
M J M TRANSPORT LIMITED INC 310 HUMBERLINE BLVD REXDALE ON M9W5S2																			
IF THE SPACE ABOVE IS BLANK OR THE INFORMATION THEREIN IS INCORRECT, PLEASE IDENTIFY YOUR COMPANY'S PRINCIPAL OFFICE IN THE SPACES BELOW.																			
1. NAME OF MOTOR CARRIER/HM SHIPPER M J M TRANSPORT LIMITED INC		2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME																	
3. PRINCIPAL STREET ADDRESS/ROUTE NUMBER 7114 ARBOR VIEW LANE		4. MAILING ADDRESS (P O BOX) 310 HUMBERLINE BLVD																	
5. CITY NEW PORT RICHEY	6. STATE/PROVINCE FL	7. ZIP CODE+4 34653	8. MAILING CITY REXDALE	9. STATE/PROVINCE ON															
10. ZIP CODE+4 M9W5S2																			
11. COLONIA (MEXICO ONLY) 101	12. PRINCIPAL PHONE NUMBER (800) 461-2928		13. COLONIA (MEXICO ONLY)	14. PRINCIPAL FAX NUMBER															
15. USDOT NO. 0693171	16. MC OR MX NO. 321537	17. DUN & BRADSTREET NO.	18. IRS/TAX ID NO. EIN # SSN #	19. INTERNET E-MAIL ADDRESS															
20. CARRIER OPERATION (Circle One) <input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate Only (Hazardous Materials) <input type="checkbox"/> Intrastate Only (Non-Hazardous Materials)																			
21. SHIPPER OF HAZARDOUS MATERIALS OPERATION (Circle One) <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate			22. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year) YEAR																
23. OPERATION CLASSIFICATION (Circle All that Apply) <input checked="" type="checkbox"/> Authorized For-Hire <input type="checkbox"/> Private Passengers (Business) <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Local Government <input type="checkbox"/> Exempt For-Hire <input type="checkbox"/> Private Passengers (Non-Business) <input type="checkbox"/> Federal Government <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Private (Property) <input type="checkbox"/> Migrant <input type="checkbox"/> State Government <input type="checkbox"/> Other																			
24. CARGO CLASSIFICATIONS (Circle All that Apply) <input checked="" type="checkbox"/> GENERAL FREIGHT <input type="checkbox"/> LOGS, POLES <input type="checkbox"/> FRESH PRODUCE <input type="checkbox"/> GRAIN, FEED, HAY <input type="checkbox"/> COMMODITIES DRY BULK <input type="checkbox"/> HOUSEHOLD GOODS <input type="checkbox"/> BEAMS, LUMBER <input type="checkbox"/> LIQUIDS/GASES <input type="checkbox"/> COAL/COKE <input type="checkbox"/> REFRIGERATED FOOD <input type="checkbox"/> METAL: SHEETS, <input type="checkbox"/> BUILDING MATERIALS <input type="checkbox"/> INTERMODAL CONT. <input type="checkbox"/> MEAT <input type="checkbox"/> BEVERAGES <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> COILS, ROLLS <input type="checkbox"/> MOBILE HOMES <input type="checkbox"/> PASSENGERS <input type="checkbox"/> GARBAGE, REFUSE, TRASH <input type="checkbox"/> PAPER PRODUCTS <input type="checkbox"/> WATER WELL <input type="checkbox"/> MOTOR VEHICLES <input type="checkbox"/> MACHINERY, <input type="checkbox"/> OIL FIELD EQUIPMENT <input type="checkbox"/> U.S. MAIL <input type="checkbox"/> UTILITY <input type="checkbox"/> OTHER <input type="checkbox"/> DRIVE AWAY/TOWAWAY <input type="checkbox"/> LARGE OBJECTS <input type="checkbox"/> LIVESTOCK <input type="checkbox"/> CHEMICALS <input type="checkbox"/> FARM SUPPLIES																			
25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply.)																			
<table border="0" style="width: 100%; font-size: x-small;"> <tr> <td style="width: 25%;"> C <input type="checkbox"/> S A. DIV 1.1 C <input type="checkbox"/> S B. DIV 1.2 C <input type="checkbox"/> S C. DIV 1.3 C <input type="checkbox"/> S D. DIV 1.4 C <input type="checkbox"/> S E. DIV 1.5 C <input type="checkbox"/> S F. DIV 1.6 C <input type="checkbox"/> S G. DIV 2.1 C <input type="checkbox"/> S H. DIV 2.1 LPG C <input type="checkbox"/> S I. DIV 2.1 (METHANE) C <input type="checkbox"/> S J. DIV 2.2 </td> <td style="width: 25%;"> B <input type="checkbox"/> NB C <input type="checkbox"/> S K. DIV 2.2A (AMMONIA) B <input type="checkbox"/> NB C <input type="checkbox"/> S L. DIV 2.3A B <input type="checkbox"/> NB C <input type="checkbox"/> S M. DIV 2.3B B <input type="checkbox"/> NB C <input type="checkbox"/> S N. DIV 2.3C B <input type="checkbox"/> NB C <input type="checkbox"/> S O. DIV 2.3D B <input type="checkbox"/> NB C <input type="checkbox"/> S P. 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26. EQUIPMENT																			
OWNED	Straight Trucks	Truck Tractors	Trailers	HazMat Cargo Tank Trailers															
TERM LEASED																			
TRIP LEASED																			
<table border="0" style="width: 100%; font-size: x-small;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;">HazMat Cargo Tank Trucks</td> <td style="width: 15%;">Motor coach</td> <td colspan="2" style="text-align: center;">PASSENGERS</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="width: 15%;">School bus</td> <td style="width: 15%;">Mini-bus/Van</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Limousine</td> </tr> </table>						HazMat Cargo Tank Trucks	Motor coach	PASSENGERS					School bus	Mini-bus/Van					Limousine
	HazMat Cargo Tank Trucks	Motor coach	PASSENGERS																
			School bus	Mini-bus/Van															
				Limousine															
27. DRIVER INFORMATION																			
INTERSTATE		INTRASTATE																	
100-Mile Radius		100-Mile Radius		TOTAL DRIVERS															
Beyond 100-Mile Radius		Beyond 100-Mile Radius		TOTAL CDL DRIVERS															
28. CERTIFICATION STATEMENT (to be completed by an authorized official)																			
I, <u>MARGARET HOGG</u> , certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or the Federal Hazardous Materials Regulations.																			
(Please print Name) Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.																			
Signature <u>[Signature]</u>		Date <u>030801</u> Title _____																	