FILED
Jun 11, 2003 8:00 am
Secretary of State
06-11-2003 90062 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052665 (L)

1. Entity Name
J.A.M. TRUCKING AND LEASING INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 351226 JACKSONVILLE FL 32225 US	12132 ROUNDHAM LANE JACKSONVILLE FL 32225

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	12132 Roundham Ln, N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	JAX FL 32225
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3450664 ☐ 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
WRIGHT, ANNA M 12132 ROUNDHAM LN N JACKSONVILLE FL 32225	Name J.A.M. TRUCKING & LEASING INC ANNA M WRIGHT Street Address (P.O. Box Number is Not Acceptable) 12132 Roundham Ln, N City Jacksonville FL Zip Code 32225

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WRIGHT, ANNA M 12132 ROUNDHAM LN JAX FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ANNA WRIGHT 12132 Roundham Ln N JAX FL 32225	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 904-645-5521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #