

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072851

1. Entity Name

J J TRUCKING SERVICES OF JACKSONVILLE, INC.

**FILED**  
May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90345 007 \*\*\*150.00

Principal Place of Business

Mailing Address

2445 DUNN AVE  
APT 516  
JACKSONVILLE FL 32218

2445 DUNN AVE  
APT 516  
JACKSONVILLE FL 32011-5651

2. Principal Place of Business

3. Mailing Address

CALLAHAN,

CALLAHAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5129 PineBreeze BLVD

5129 PineBreeze BLVD

City & State

City & State

CALLAHAN, FL

CALLAHAN, FL

Zip

Country

Zip

Country

32011

USA

32011

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3469041

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

RODRIGUEZ, JOSE B  
2445 DUNN AVE  
APT 516  
JACKSONVILLE FL 32218

Name

Street Address (P.O. Box Number is Not Acceptable)

5129 PineBreeze BLVD.

City

CALLAHAN

FL

Zip Code

32011

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME JOSE B RODRIGUEZ  
STREET ADDRESS 2445 DUNN AVE - #516  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☒ Change ☐ Addition  
NAME 5129 PineBreeze BLVD.  
STREET ADDRESS CALLAHAN, FL 32011  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME ROBERTO RUIZ  
STREET ADDRESS 2445 DUNN AVE - #516  
CITY-ST-ZIP JACKSONVILLE FL 32218

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

TITLE S ☐ Delete  
NAME JACQUELINE GONZALEZ  
STREET ADDRESS 2445 DUNN AVE #802  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VP ☒ Change ☐ Addition  
NAME 5129 PineBreeze BLVD.  
STREET ADDRESS CALLAHAN, FL 32011  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 #

1-19-00 904-879-0213

CR2E034 (9/99)