

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 21, 2004 8:00 am
Secretary of State

04-19-2004 90278 044 ***150.00

DOCUMENT # P97 000 102322

1. Entity Name
GOBLE TRUCKING INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7855 AAGLEY TRAIL
Suite, Apt. #, etc. 204

3. Mailing Address
PO BOX 37209
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32244 Country DUVAL

Zip
32276 Country DUVAL

66433940

DO NOT WRITE IN THIS SPACE

4. FEI Number
993510226

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
D. Goble

Street Address (P.O. Box Number is Not Acceptable)
7855 AAGLEY TRAIL

City
Jacksonville FL Zip Code
32276

**DO NOT WRITE
IN THIS SPACE**

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 D. Goble DATE 8/4/2004

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>DEBRA W. GIBBS</u>	<u>PO BOX 37209</u>	<u>JACKSONVILLE FL</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: D. Goble DATE 8/4/2004 DAYTIME PHONE # 904 962-1353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)