

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034624

1. Entity Name

JM H TRANSPORT, INC

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90197 034 ***150.00

Principal Place of Business

21789 144th St.

Mailing Address

~~SAME~~

P.O. Box 582
 Live Oak FL 32064

2. Principal Place of Business

3. Mailing Address

P.O. Box 582

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Live Oak FL

4. FEI Number

65-0832419

Applied For

Not Applicable

Zip

Country

Zip

Country

32064

Swansee

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

John M. Haney
 21789 144th St.

Live Oak, FL 32060

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, 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: Pres
 NAME: John M. Haney
 STREET ADDRESS: 21789 144th St
 CITY-ST-ZIP: Live Oak FL 32060 ☐ Delete

TITLE: Sec
 NAME: Kim Haney
 STREET ADDRESS: 21789 144th St
 CITY-ST-ZIP: Live Oak, FL 32060 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Change ☐ Addition

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

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

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

4-26-00

Date

904-362-2320

Daytime Phone #

CR2E034 (9/99)