


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90422 016 ***150.00

DOCUMENT # P98000084975

1. Entity Name
JIM HANSEN TRUCKING, INC.



Principal Place of Business
**3208 RECKER HIGHWAY
WINTER HAVEN FL 33880**

Mailing Address
**POST OFFICE BOX 1810
AUBURDALE FL 33823-1810**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3208 RECKER Hwy
Suite, Apt. #, etc.

City & State
Winter HAVEN FL

Zip
33880

Country
POIK



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HANSEN, MARLENE J.
3208 RECKER HWY
WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE PD	<input type="checkbox"/> Delete
NAME HANSEN, JAMES D	
STREET ADDRESS 3208 RECKER HIGHWAY	
CITY-ST-ZIP WINTER HAVEN FL 33880	
TITLE VD	<input type="checkbox"/> Delete
NAME HANSEN, MARLENE J	
STREET ADDRESS 3208 RECKER HIGHWAY	
CITY-ST-ZIP WINTER HAVEN FL 33880	
TITLE ST	<input type="checkbox"/> Delete
NAME STALFORD, WENDY M	
STREET ADDRESS 3208 RECKER HIGHWAY	
CITY-ST-ZIP WINTER HAVEN FL 33880	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: MARLENE J HANSEN **MARLENE J HANSEN 4/14/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AVI
CR2E034 (10/02)