

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90039 022 ***150.00

DOCUMENT # P98000093121

1. Entity Name
SJS TRUCKING, INC.

Principal Place of Business
8956 BANYON COVE CIRCLE
FT. MYERS FL 33919

Mailing Address
8956 BANYON COVE CIRCLE
FT. MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0873794

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

RUSSO, JAY

~~8956 BANYON COVE CIRCLE~~
~~FT. MYERS FL 33919~~

Name

Street Address (P.O. Box Number is Not Acceptable)
11040 Mahogany Run

City **Ft. Myers**

FL

Zip Code
33913

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, 2002 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 ☐ Delete
 NAME **PT**
 STREET ADDRESS **RUSSO, JAY**
 CITY-ST-ZIP **8956 BANYON COVE CIRCLE**
FORT MYERS FL 33919

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **11040 Mahogany Run**
 CITY-ST-ZIP **Ft. Myers, FL 33913**

TITLE ☐ Delete
 NAME **VS**
 STREET ADDRESS **RUSSO, SALVATORE**
 CITY-ST-ZIP **5 THORN LANE**
OAKDALE NY 11760

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **10980 Mahogany Run**
 CITY-ST-ZIP **Ft. Myers, FL 33913**

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)