

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90085 044 ***150.00

DOCUMENT # P98000093121

1. Entity Name

SJS Trucking, Inc.



DO NOT WRITE IN THIS SPACE

70026888

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11040 Mahogany Run

3. Mailing Address

11040 Mahogany Run

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

65-0873794

Applied For

Not Applicable

Zip

33913

Country

Zip

33913

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jay Russo

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

11040 Mahogany Run

City

Ft. Myers

FL

Zip Code

33913

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PT
NAME Jay Russo
STREET ADDRESS 11040 Mahogany Run
CITY-ST-ZIP Ft. Myers, FL 33913

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS
NAME Salvatore Russo
STREET ADDRESS 10980 Mahogany Run
CITY-ST-ZIP Ft. Myers, FL 33913

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

march 9, 2003

039 - 437-9134

CR2E034B (12/02)