

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098043

1. Entity Name
C & J FREIGHTWAYS INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90267 016 ***150.00

Principal Place of Business

6904 CATER STREET
BAGDAD FL 32530

Mailing Address

P.O. BOX 763
BAGDAD FL 32530

2. Principal Place of Business

6900 CATER ST

3. Mailing Address

P.O. Box 763

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bagdad, FL

City & State

Bagdad, FL

4. FEI Number

31-1677405

Applied For

Not Applicable

Zip

32530

Country

Santa Rosa

Zip

32530

Country

Santa Rosa

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LITTLES, CLYDE A
6904 CATER STREET
BAGDAD FL 32530

7. Name and Address of New Registered Agent

Name Clyde A. LITTLES

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

6900 CATER ST

PO Box 763

City Bagdad

FL

Zip Code 32530

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, 2001 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

TITLE D
NAME LITTLES, CLYDE A
STREET ADDRESS P.O. BOX 763
CITY-ST-ZIP BAGDAD FL 32530 ☐ Delete

TITLE D
NAME LITTLES, JOYCE M
STREET ADDRESS P.O. BOX 763
CITY-ST-ZIP BAGDAD FL 32530 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

Joyce M. Little, Joyce M. Little
Secretary

4-11-01

850-626-2584

Date

Daytime Phone #

CR2E034 (10/00)