

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101148

1. Entity Name

C.J.W. TRANSPORT, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90066 007 \*\*\*150.00

Principal Place of Business

RT. 5 BOX 115-B  
QUINCY FL 32351

Mailing Address

P.O. BOX 7514  
TALLAHASSEE FL 32314-7514

2. Principal Place of Business

32 WAIKER Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Quincy Florida

City & State

Zip

Country

32351

Zip

Country

4. FEI Number

59-3545171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLACK, JOHN W  
906 THOMASVILLE RD.  
TALLAHASSEE FL 32303

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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALKER, CHARLES JAMES	
STREET ADDRESS	P.O. BOX 7514 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, CHARLENE	
STREET ADDRESS	1676 N MISSION RD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBIN MASSEY	
STREET ADDRESS	819 BRIANDAV ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLIE J. WALKER	
STREET ADDRESS	819 BRIANDAV ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEROY WALKER	
STREET ADDRESS	228 WILSON RD.	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLIE WALKER JR.	
STREET ADDRESS	2775 CATHEDRAL DR. LOT #26	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

CHARLIE J. WALKER

4-4-00

850-627-8983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)