

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**  
 05-30-2002 91592 024 \*\*\*150.00

0044755  
 AV

**DOCUMENT # P98000101148**

1. Entity Name

**C.J.W. TRANSPORT, INC.**

Principal Place of Business

**32 WALKER ROAD  
 QUINCY FL 32351**

Mailing Address

**P.O. BOX 7514  
 TALLAHASSEE FL 32314**

**362177**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**BLACK, JOHN W  
 906 THOMASVILLE RD.  
 TALLAHASSEE FL 32303**

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, 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 PD  
 NAME WALKER, CHARLES JAMES ☐ Delete  
 STREET ADDRESS 819 BRIANDAN ST  
 CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE PD ☒ Change ☐ Addition  
 NAME WALKER, CHARLIE JAMES  
 STREET ADDRESS 819 BRIANDAV ST  
 CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE T ☒ Delete  
 NAME WALKER, CHARLIE J  
 STREET ADDRESS 1676 N MISSION RD  
 CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE T ☐ Change ☒ Addition  
 NAME WALKER, CHARLENE  
 STREET ADDRESS 1676 N MISSION RD  
 CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE V ☐ Delete  
 NAME MASSEY, ROBIN  
 STREET ADDRESS 819 BRIANDAN ST  
 CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE V ☒ Change ☐ Addition  
 NAME MASSEY, ROBIN  
 STREET ADDRESS 819 BRIANDAV ST  
 CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D ☐ Delete  
 NAME WALKER, LEROY  
 STREET ADDRESS 228 WILSON ROAD  
 CITY-ST-ZIP QUINCY FL 32351

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

TITLE M ☐ Delete  
 NAME WALKER, CHARLIE JR.  
 STREET ADDRESS 32 WALKER RD  
 CITY-ST-ZIP QUINCY FL 32351

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

TITLE S ☐ Delete  
 NAME BROCKMAN, CASSAUNDR  
 STREET ADDRESS 102 WALKER RD  
 CITY-ST-ZIP QUINCY FL 32351

TITLE ☐ Change ☐ 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: Cassandra Brockman** **Cassandra Brockman 2/19/02 850-627-8983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)