

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107215

1. Entity Name

CHECKERED FLAG AUTO CARRIER, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90061 010 ***150.00

Principal Place of Business

Mailing Address

7529 PATRICE COURT
JACKSONVILLE FL 32210

7529 PATRICE COURT
JACKSONVILLE FL 32210-4742

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3551127

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

MCCLUNG, JACKIE
7529 PATRICE COURT
JACKSONVILLE FL 32210

Name DONALD MCCLUNG

Street Address (P.O. Box Number is Not Acceptable)
PO BOX 7529 PATRICE CT

City JACKSONVILLE

FL

Zip Code
32210

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)

4-27-00

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:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS ☒ Delete
NAME MCCLUNG, JACKIE
STREET ADDRESS 7529 PPATRICE CT
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE P.T. ☐ Change ☒ Addition
NAME DONALD MCCLUNG
STREET ADDRESS 7529 PATRICE CT
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE PT. ☐ Delete
NAME JACKIE MCCLUNG
STREET ADDRESS 7529 PATRICE CT
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE V.P.S ☐ Change ☐ Addition
NAME JACKIE MCCLUNG
STREET ADDRESS 7529 PATRICE CT
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ☐ Delete
NAME TERAY CRAWFORD
STREET ADDRESS 935 ASHTON ST
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE VP. ☐ Change ☒ Addition
NAME TERAY CRAWFORD
STREET ADDRESS 935 ASHTON ST
CITY-ST-ZIP JACKSONVILLE, FL 32208

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

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

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

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

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

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 I am empowered.

SIGNATURE:

Donald McClung

4-27-00

904-613-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)