

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90117 037 ***150.00

DOCUMENT # P98000107215

1. Entity Name

CHECKERED FLAG AUTO CARRIER INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10960 BEACH Blvd.

Suite, Apt. #, etc.
407

3. Mailing Address
P.O. Box 441691

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE - FL

City & State
JACKSONVILLE

4. FEI Number
59-3551127

Applied For
☐ Not Applicable

Zip
32246

Country
DMAV1

Zip
32222

Country
DMAV1

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DONALD M. McCLUNG

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

10960 BEACH Blvd. #407

City JACKSONVILLE

FL

Zip Code
32246

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

Donald M. McClung

4-23-02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PRES. SEC. TREAS DONALD M. McCLUNG 10960 BEACH Blvd. #407 JACKSONVILLE, FL 32246
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald M. McClung

4-23-02

904-613-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)