## 2000 UNIFORM BUSINESS REI V.

## DOCUMENT # P99000034286 FILED Apr 17, 2000 8:00 am Secretary of State P JACKSON TRUCKING, INC. 04-17-2000 90134 033 \*\*\*150.00 Mailing Address Principal Place of Business 792 55TH AVE., SOUTH ST.PETERSBURG FL 33705-5126 792 55TH AVE., SOUTH ST.PETERSBURG FL 33705 3. Mailing Address DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Suite, Apt. #, etc. Applied For Suite, Apt. #, etc. Not Applicable 4. FEI Number-59-3570256 City & State \$8.75 Additional City & State Fee Required Certificate of Status Desired Country 7. Name and Address of New Registered Agent Zip Country Zip 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JACKSON, PATRICIA 792 55TH AVE., SOUTH Zip Code FL ST.PETERSBURG FL 33705 City 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. (NOTE: Registered Agent signature required when reunstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After MAY 1, 2000 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Make Check Payable to Department of State Tax filing requirement and elects to do so Additio ☐ Change (See criteria on back) 12. OFFICERS AND DIRECTORS TITLE. Delete 11. MAME TITLE JACKSON, PATRICIA STREET ADDRESS Additi NAME ☐ Change 792 55TH AVE., SOUTH CITY-ST-ZIP STREET ADDRESS ST.PETERSBURG FL 33705 CITY-ST-ZIP ☐ Delete STREET ADDRESS TITLE ☐ Addi NAME CITY-ST-ZIP ☐ Change STREET ADDRESS CITY-ST-ZIP Delete NAME TITLE STREET ADDRESS ☐ Add MAME ☐ Change CITY-ST-ZIP STREET ADDRESS TITLE CITY-ST-ZIP Delete TITLE STREET ADDRESS AC NAME ☐ Change CITY-ST-ZIP STREET ADDRESS TITLE CITY-ST-ZIP Delete STREET ADDRESS ☐ Change CITY-ST-ZIP STREET ADDRESS TITI E CITY-ST-ZIP Delete NAME STREET ADDRESS 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with NAME STREET ADDRESS:

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