

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036097

1. Entity Name

C J TRANSPORT OF DELRAY, INC.

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90105 014 \*\*\*158.75

Principal Place of Business

148 HARBOR CIRCLE  
DELRAY BEACH FL 33483

Mailing Address

148 HARBOR CIRCLE  
DELRAY BEACH FL 33483-8005

2. Principal Place of Business

90 PELICAN POINTE DR

Suite, Apt. #, etc.

205

City & State

DELRAY BEACH, FL

Zip

33483

Country

PALM BEACH

3. Mailing Address

90 PELICAN POINTE DR

Suite, Apt. #, etc.

205

City & State

DELRAY BEACH, FL

Zip

33483

Country

PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0911851

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCNEILL, CLARA M  
148 HARBOR CIRCLE  
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

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

90 PELICAN POINTE DR

#205

City

DELRAY BEACH

FL

Zip Code

33483

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

*Clara M. McNeill*

CLARA M. MCNEILL

8/10/00

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	D	<input type="checkbox"/> Delete
NAME	MCNEILL, JOHN J	
STREET ADDRESS	148 HARBOR CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNEILL, CLARA M	
STREET ADDRESS	148 HARBOR CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	90 PELICAN POINTE DR #205	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	90 PELICAN POINTE DR. #205	
CITY-ST-ZIP		
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		
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:

*Clara M. McNeill* CLARA M. MCNEILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/00

Date

561-243-2608

Daytime Phone #

CR2E034 (9/99)

Attachment

P95000036097  
DW79837

8/10/00

I'm sorry this is late, but  
it is my first time owning a  
Corporation and we moved and  
the form just surfaced.

Clayton Smith