

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042406

1. Entity Name

CASUAL TRUCKING, INC.

Principal Place of Business

Mailing Address

5801 92 TERRACE
PINELLAS PARK FL 33782

5801 92 TERRACE
PINELLAS PARK FL 33782-4907

2. Principal Place of Business

5400 1/2 - 58TH ST. N.

3. Mailing Address

Suite, Apt. #, etc.
UNIT 26

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

Zip
33709

Country
PINELLAS

Zip

Country

4. FEI Number

59-3574739

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACKSON, TIMOTHY S
5801 92 TERRACE
PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

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, 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 PD
NAME JACKSON, TIMOTHY S
STREET ADDRESS 5801 92 TERRACE
CITY-ST-ZIP PINELLAS PARK FL 33782

☐ Delete

TITLE VD
NAME JACKSON, LORI
STREET ADDRESS 5801 92 TERRACE
CITY-ST-ZIP PINELLAS PARK FL 33782

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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: *LORI JACKSON* LORI JACKSON 3-20-00 727-544-7021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #