

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90041 022 \*\*\*150.00

**DOCUMENT # P99000043874**

1. Entity Name

**J&D TRUCKING OF SHADY HILLS, INC.**

Principal Place of Business

Mailing Address

18131 NELSON ROAD  
 SPRING HILL FL 34610

18131 NELSON ROAD  
 SPRING HILL FL 34610-1277

2. Principal Place of Business

3. Mailing Address

c/o The Travelin' Taxman

Suite, Apt. #, etc.

Suite, Apt. #, etc.

28237 SR 54 West

City & State

City & State

Zip

Country

Wesley Chapel, FL  
 33543-4207

4. FEI Number 59-3570566

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

7. Name and Address of New Registered Agent

**BOYETTE, MICHAEL C**  
**THE TRAVELIN' TAXMAN**  
**28237 SR 54 WEST**  
**WESLEY CHAPEL FL 33543-4207**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/T	Norman R. Colson	18131 Nelson Road	Shady Hills, FL 34610	<input type="checkbox"/>
VP/S	Jolan M. Colson	18131 Nelson Road	Shady Hills, FL 34610	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00 727-856 5532

Date

Daytime Phone #

CR2E034 (9/99)