

# 2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # P99000051386

Entity Name

T.J.F. TRUCKING #93, INC.

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90029 002 \*\*\*150.00

Principal Place of Business  
2921 NW 44TH TERRACE  
LAUDERDALE LAKES, FL  
33313

Mailing Address  
2921 NW 44TH TERRACE  
LAUDERDALE LAKES, FL  
33313

Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0925039

Applied Fee  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

NOFIL & NOFIL, P.A.

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

3284 NORTH STATE ROAD 7

City

LAUDERDALE LAKES

FL

Zip Code

33319

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 date of filing)

(If filer, filer must sign and date when registering)

5/1/00

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

|                                                                                   |                                 |
|-----------------------------------------------------------------------------------|---------------------------------|
| PTSD,<br>ROBERTS, TOMMIE L.<br>2921 NW 44TH TERRACE<br>LAUDERDALE LAKES, FL 33319 | <input type="checkbox"/> Delete |
|                                                                                   | <input type="checkbox"/> Delete |
|                                                                                   | <input type="checkbox"/> Delete |
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|                                                   |                                                                   |
|---------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: Tommie L. Roberts

PRESIDENT

5/1/00