

2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT # **P9900005 1924**

1. Entity Name **256'S TRUCKING INC.**

(R)

FILED
Jul 25, 2000 8:00 am
Secretary of State

06-20-2000 90004 013 ***150.00

Principal Place of Business Mailing Address
5248 CORAL WAY N
St Petersburg FL
33714

2. Principal Place of Business **St Petersburg** 3. Mailing Address **Same as above**

Suite, Apt. #, etc. City & State

Zip Country

4. FEI Number **E** 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

ANNA ROBSON
5248 CORAL WAY N
St Petersburg, FL

7. Name and Address of New Registered Agent

Name **DAN ROBSON**
Street Address (P.O. Box Number is Not Acceptable)
5248 CORAL WAY
City **St Petersburg** **FL** Zip Code **33714**

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]

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 \$450.00
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	Operating general partner <input type="checkbox"/> Delete
NAME	DANIEL ROBSON
STREET ADDRESS	5248 CORAL WAY N
CITY-ST-ZIP	St Petersburg, FL 33714
TITLE	MANAGING general partner <input type="checkbox"/> Delete
NAME	JAMIE FENSON
STREET ADDRESS	18208 Street Jasmine DR
CITY-ST-ZIP	TAMPA, FL 33647
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 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	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-00

Date

727-980-0159

Daytime Phone #

CR2E034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000051924**

1. Entity Name
2 J G'S TRUCKING, INC.

Principal Place of Business
**5248 CORAL WAY NORTH
ST. PETERSBURG FL 33714**

Mailing Address
**5248 CORAL WAY NORTH
ST. PETERSBURG FL 33714**

Attachment
308748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-358-9039

Applied For

Not Applicable

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

**ROBSON, ANNA L
5248 CORAL WAY NORTH
ST. PETERSBURG FL 33714**

Name **DANIEL D ROBSON**

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

SAME AS above

City

FL

Zip Code

33714

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]

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☒ Delete
NAME **ROBSON, ANNA L**
STREET ADDRESS **5248 CORAL WAY NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE **P** ☐ Change ☒ Addition
NAME **DAN ROBSON**
STREET ADDRESS **5248 CORAL WAY N**
CITY-ST-ZIP **ST PETERSBURG FL 33714**

TITLE **V** ☒ Delete
NAME **FERBER, MARCI**
STREET ADDRESS **5248 CORAL WAY NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE **V** ☐ Change ☒ Addition
NAME **JAMIE FERBER**
STREET ADDRESS **5248 CORAL WAY N**
CITY-ST-ZIP **ST PETERSBURG FL 33714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:

[Signature]
SIGNATURE REQUIRED

DANIEL

D ROBSON

Date

Daytime Phone #

7-18-00

727-780-0159

CR2E034 (5/00)