

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90124 044 ***550.00

DOCUMENT # P 990000 87 156

1. Entity Name

Trip Trucking Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1716 McCaul Rd

Suite, Apt. #, etc.

3. Mailing Address

1716 McCaul Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32220

Country

DUVAL

Zip

32220

Country

DUVAL

4. FEI Number

59 36 000 75

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DALLAS SCHILLING P JR.

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

1716 McCaul Rd

City

JACKSONVILLE

FL

Zip Code

32220

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 DALLAS SCHILLING P JR.

Signature, typed or printed name of registered agent and title if applicable.

Dallas Schilling Jr.

(NOTE: Registered Agent signature required when reinstating)

9/24/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended-UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SCHILLING Sandra P
1716 McCaul Rd.
Jacksonville FL 32220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SCHILLING DALLAS P JR.
1716 McCaul Rd.
Jacksonville FL 32220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: Dallas Schilling Jr.
DALLAS SCHILLING P JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/02

DATE

904 545-2862 cell

904 786-9109

Daytime Phone #