

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090439

1. Entity Name
JILL'S TRUCKING, INC.

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90874 009 ***150.00

Principal Place of Business
8411 HARDWOOD LANDING RD
ST AUGUSTINE FL 32092

Mailing Address
8411 HARDWOOD LANDING RD
ST AUGUSTINE FL 32092-1217



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1285 Scott Road
Suite, Apt. #, etc.
City & State
Jacksonville FL
Zip 32259 Country USA

3. Mailing Address
P.O. Box 600121
Suite, Apt. #, etc.
City & State
Jacksonville FL
Zip 32260 Country USA

4. FEI Number
59-3627473

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
YOUNG, JILL
8411 HARDWOOD LANDING RD
ST AUGUSTINE FL 32092

7. Name and Address of New Registered Agent
Name
Jill Young
Street Address (P.O. Box Number is Not Acceptable)
1285 Scott Road
City
Jacksonville FL Zip Code 32259

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 _____ (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 | President Jill Young 1285 Scott Road Jacksonville FL 32259 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Jill Young 1285 Scott Road Jacksonville, FL 32259 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Jill Young 1285 Scott Road Jacksonville, FL 32259 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Jill Young 1285 Scott Road Jacksonville, FL 32259 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Jill Young, Pres 4/28/00 904-237-4084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)