

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101787

1. Entity Name
J & W HAULING, INC.

Principal Place of Business
**2740 WORTH AVE.
ENGLEWOOD FL 34224**

Mailing Address
**P.O. BOX 5209
ENGLEWOOD FL 34224**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**JANSCH, SHARON M
10396 EUSTON AVE.
ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent

Name

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

1953 NEBRASKA AVE.

City

Englewood

FL

Zip Code

34224

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: *Sharon M. Jansch*
Signature, typed or printed name of registered agent and title if applicable.

Sharon M. Jansch
(NOTE: Registered Agent signature required when reinstating)

4-5-01
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, 2001 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	P	<input type="checkbox"/> Delete
NAME	JANSCH, MARK	
STREET ADDRESS	10396 EUSTON AVENUE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JANSCH, KEVIN	
STREET ADDRESS	11231 A PENDLETON AVENUE	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WHITE, DEBORAH	
STREET ADDRESS	1949 BLUEFIN CIRCLE	
CITY-ST-ZIP	ENGLEWOOD FL	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1953 NEBRASKA AVE	
STREET ADDRESS	Englewood FL	
CITY-ST-ZIP	34224	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1620 FAUST DR.	
STREET ADDRESS	Englewood FL	
CITY-ST-ZIP	34224	
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: *Deborah C White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah C White

Date

4-5-01

Daytime Phone #

941-697-2220

Sec/Treas

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90005 030 ***150.00

942021



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0963531**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)