

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90207 034 \*\*\*158.75

**DOCUMENT # S46247**

1. Entity Name  
**J. B. TRUCK REPAIR, INC.**



Principal Place of Business  
**1785 W. NINE MILE ROAD  
PENSACOLA FL 32534**

Mailing Address  
**1785 W. NINE MILE ROAD  
PENSACOLA FL 32534**

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 **59-3067648**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN MATRE, THOMAS G., JR.  
4300 BAYOU BLVD.  
SUITE 16  
PENSACOLA FL 32503**

Name **JOHN J. BUSH JR.**

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

**7700 MISTY PINES LANE**

City **PENSACOLA**

FL

Zip Code

**32534**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John J. Bush Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

*President*  
(NOTE: Registered Agent signature required when reinstating)

*04/09/2003*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **BUSH, JOHN J., JR.**  
STREET ADDRESS **7700 MISTY PINES LANE**  
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **STD** ☐ Delete  
NAME **BUSH, DEBORAH L.**  
STREET ADDRESS **7700 MISTY PINES LANE**  
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John J. Bush Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*04/09/2003*

Daytime Phone #

*904-820-8202*

CR2E034 (10/02)