Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # \$99947** 1. Entity Name JEFF'S TRUCK & EQUIPMENT REPAIR INC. 04-12-2001 90040 050 ***150.00 Principal Place of Business Mailing Address RT 3 BOX 5164 RT 3 BX 5164 RT. 4. BOX 40 RT. 4. BOX 40 PALATKA FL 32177 PALATKA FL 32177 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 106 KAANTZRd 4. FEI Number 59-3096582 Applied For Not Applicable WI MAN \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PONS, JEFF T., III RT. 4, BOX 40 PALATKA,FL64 INTERLACHEN FL 32148 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PONS, JEFF T, TH Delete TITLE ☐ Addition TITLE PONS, JEFF T., III NAME 106 KAANTZ Rd NAME RT 3 BX 5164 STREET ADDRESS STREET ADDRESS PAIATKA FI. 32177 CITY-ST-ZIP PALATKA FL CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 proposed of the corporation of the co

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR