

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90256 003 ***150.00

0626502 AT

DOCUMENT # V00190

1. Entity Name

J. ANDERSON TRUCKING, INC.



Principal Place of Business

**2155 BAY LAKE LOOP
GROVELAND FL 34736**

Mailing Address

**4608 PINEBROOK DRIVE
LAKE PARK GA 31636
US**

2. Principal Place of Business

14547 Mascotte Empire Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Groveland, FL

City & State

Zip

34736

Country

USA

Country

4. FEI Number

59-3096862

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

**ANDERSON, JAMES C
2155 BAY LAKE LOOP
GROVELAND FL 34736**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, JAMES C.	
STREET ADDRESS	2155 BAY LAKE LOOP	
CITY-ST-ZIP	GROVELAND FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ANDERSON, SYLVIA M.	
STREET ADDRESS	2155 BAY LAKE LOOP	
CITY-ST-ZIP	GROVELAND FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	JOINER, WENDY M	
STREET ADDRESS	2155 BAY LAKE LOOP	
CITY-ST-ZIP	GROVELAND 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anderson, James C.	
STREET ADDRESS	14547 Mascotte Empire Rd.	
CITY-ST-ZIP	Groveland, FL. 34736	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anderson, Sylvia M.	
STREET ADDRESS	14547 Mascotte Empire Rd.	
CITY-ST-ZIP	Groveland, FL. 34736	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joiner, Wendy M.	
STREET ADDRESS	14547 Mascotte Empire Rd.	
CITY-ST-ZIP	Groveland, FL. 34736	
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		

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: Sylvia M. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 229-559-1813
Date Daytime Phone #

CR2E034 (10/02)