

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90265 011 \*\*\*150.00

**DOCUMENT # V49154**



1. Entity Name  
**CJ'S TRUCKING, INC.**

**55039878**

Principal Place of Business  
~~HIGHWAY 70 SOUTH~~  
~~VERNON FL 32462~~  
US

Mailing Address  
~~PO BOX 505~~  
~~VERNON FL 32462~~



2. Principal Place of Business  
**733 Cannon Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 186**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Laurel Hill, FL**

City & State  
**Paxton, FL**

4. FEI Number **59-3131991**

Applied For  
☐ Not Applicable

Country  
**United States**

Country  
**United States**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSTON, CHARLES C**  
~~PO BOX 505 HIGHWAY 70 SOUTH~~  
~~VERNON FL 32462~~

Name  
**733 Cannon Dr. Laurel Hill, FL**  
**P.O. Box 186**  
**Paxton, FL** Zip Code **32538**

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  
NAME **JOHNSTON, CHRIS** ☐ Delete  
STREET ADDRESS **3358 HWY 70**  
CITY-ST-ZIP **VERNON FL 32462**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **733 Cannon Dr.** ☒ Change ☐ Addition  
STREET ADDRESS **P.O. Box 186 Laurel Hill, FL**  
CITY-ST-ZIP **Paxton, FL 32538 32567**

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

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

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

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

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

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: ☒

**SIGNATURE REQUIRED**

**Chris Johnston 5-10-03**

**550-884-5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)