

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED 09-30-2002 90176 026 \*\*\*61.25  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
V58978

02 OCT -3 PM 12:01

DOCUMENT # V58978

1. Entity Name

TRIPLE C TRANSPORTATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11892 TENNESSE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SANDERSON, FLORIDA

4. FEI Number

59-3138512

Applied For

Not Applicable

Zip

Country

Zip

Country

32087

BAKER

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ADAMS, CHARLES DAVID

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

11892 TENNESSEE ST.

City

SANDERSON

FL

Zip Code

32087

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00  
April 1 - May 1 Fee is \$350.00  
Amended UBR is \$125  
Make checks payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	ADAMS, CHARLES DAVID
STREET ADDRESS	11892 TENNESSE ST.
CITY- ST- ZIP	SANDERSON, FL. 32087
TITLE	VP
NAME	DURRENCE, RAYMOND
STREET ADDRESS	1078 KNOLL COVE
CITY- ST- ZIP	JACKSONVILLE, FL 32221
TITLE	VP
NAME	DURRENCE, RANDALL LEE
STREET ADDRESS	11842 TENNESSEE ST.
CITY- ST- ZIP	SANDERSON, FL. 32087
TITLE	S
NAME	DURRENCE, LAVENIA M.
STREET ADDRESS	11842 TENNESSEE ST.
CITY- ST- ZIP	JACKSONVILLE, FL 32087

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

LAVENIA M. DURRENCE LAVENIA M. DURRENCE

9/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

10/7/02 aw