

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90111 031 \*\*\*150.00

**DOCUMENT # V58978**

1. Entity Name  
**TRIPLE C TRANSPORTATION, INC.**



Principal Place of Business  
**11892 TENNESSE ST  
SANDERSON FL 32087  
US**

Mailing Address  
**11892 TENNESSE ST  
SANDERSON FL 32087  
US**

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 **59-3138512**

Applied For

Not Applicable

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

**ADAMS, CHARLES D  
11892 TENNESSEE STREET  
SANDERSON FL 32087**

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 *Lavenia Durrence*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/7/03**

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>DURRENCE, LAVENIA M 11892 TENNESSEE STREET SANDERSON FL 32087</b>	TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lavenia m. Durrence 11842 Tennessee St. Sanderson, FL. 32087</b>
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>ADAMS, CHARLES D 11892 TENNESSEE STREET SANDERSON FL 32087</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>DURRENCE, RANDALL L 11842 TENNESSE ST SANDERSON FL 32087</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>DURRENCE, RAYMOND 1078 KNOLL COVE JACKSONVILLE FL 32221</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *LAVENIA DURRENCE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/7/03** (904) 275-2376

CRSE034 (10/02)