

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90857 016 ***150.00

DOCUMENT # 158943

1. Entity Name
SOUTHERN TRUCK EQUIPMENT SERVICE INC.



Principal Place of Business
**1314 W. CHURCH ST
ORLANDO FL 32805**

Mailing Address
**1314 W. CHURCH ST
1314 W CHURCH ST
ORLANDO FL 32805**



2. Principal Place of Business
1314 W. CHURCH ST.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FLA.

City & State

4. FEI Number **59-0600648**

Applied For
Not Applicable

Zip **32805** Country **USA**

Zip Country

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

**SAPP, JERALD C
1314 WEST CHURCH STREET
ORLANDO FL 32805**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	SAPP, JERALD C	103 WAX MYRTLE LANE	LONGWOOD, FL 00000				
VD	SAPP, MAUREEN A	3103 KELLY PARK RD	APOPKA, FL 00000				
ST	SAPP, RODNEY D	1314 WEST CHURCH ST	ORLANDO, FL 00000				
D	SAPP, RODNEY D	1314 WEST CHURCH ST	ORLANDO, FL 00000				

CR2E034 (10/02)

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: *Maureen A. Sapp* **Maureen A. Sapp 2/18/03 407-8437171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #