

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005386

1. Entity Name
SINGER TRANSPORT, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90440 002 ***150.00

Principal Place of Business

344 VULCAN ST
BUFFALO NY 14207
US

Mailing Address

344 VULCAN ST
BUFFALO NY 14207
US

2. Principal Place of Business

4870 Packard Road
Suite, Apt. #, etc.

3. Mailing Address

4870 Packard Road
Suite, Apt. #, etc.

City & State

Niagara Falls NY

City & State

Niagara Falls NY

Zip

14304

Country

USA

Zip

14304

Country

USA

4. FEI Number 16-1147677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARP, JUDITH
8421 FOREST HILLS DRIVE, SUITE 301
CORAL SPRINGS FL 33065

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME PDC
NAME SANTAROSA, SALVATORE D ☐ Delete
STREET ADDRESS 2470 ALLEN AVE.
CITY-ST-ZIP NIAGARA FALLS NY 14303

TITLE NAME S
NAME GENTILE, CAROL ☐ Delete
STREET ADDRESS 2470 ALLEN AVE.
CITY-ST-ZIP NIAGARA FALLS NY 14303

TITLE NAME O'BRIEN, JOHN T ☒ Delete
STREET ADDRESS 2470 ALLEN AVE.
CITY-ST-ZIP NIAGARA FALLS NY 14303

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 4870 Packard Road
CITY-ST-ZIP Niagara Falls NY 14304

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 4870 Packard Road
CITY-ST-ZIP Niagara Falls NY 14304

TITLE NAME Treasurer ☒ Change ☐ Addition
STREET ADDRESS Grant Wooley
CITY-ST-ZIP 4870 Packard Road
Niagara Falls NY 14304

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grant Wooley

Date

1/29/2001 (716)278-2000

Daytime Phone #

CR2E034 (10/00)