

# 2001 UNIFORM BUSINESS REPORT (UBR)

07-10-2001 90122'037'150.00

DOCUMENT # F98000005431

1. Entity Name

SEMINOLE TRANSPORT, INC.

FILED

01 JUL 30 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2627 E. 21ST ST  
TULSA OK 74114

Mailing Address

2627 E. 21ST ST  
TULSA OK 74114

2. Principal Place of Business

345 ENTERPRISE ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCOE FL

City & State

Zip

34761

Country

USA

Zip

Country

4. FEI Number 73-1547251

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLEY, PETER  
345 ENTERPRISE ST  
OCOE FL 34761

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 C  
NAME COLLINS, ROGER  
STREET ADDRESS 2627 E 21 ST  
CITY-ST-ZIP TULSA OK 74114 ☐ Delete

TITLE D  
NAME RUSHING, JIM  
STREET ADDRESS 2627 E. 21ST ST  
CITY-ST-ZIP TULSA OK 74114 ☐ Delete

TITLE DS  
NAME ALLEN, ANTHONY  
STREET ADDRESS 2627 E. 21ST ST  
CITY-ST-ZIP TULSA OK 74114 ☐ Delete

TITLE P  
NAME KELLEY, PETER  
STREET ADDRESS 345 ENTERPRISE ST  
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

6/21/01

(918) 743-2993

Date

Daytime Phone #

CR2004 (10/00)