

DOCUMENT # H73013

1. Entity Name

SUNCOAST TRANSPORTATION BROKERS, INC. ✓

Principal Place of Business

9721 US HWY. 98
RICHLAND FL 33525
US

Mailing Address

400 N. TAMPA STREET
SUITE 1700
TAMPA FL 33602
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

59-2581142

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

DOLINER, NATHANIEL L ESQ.
C/O CARLTON FIELDS
777 S. HARBOUR ISLAND BLVD.
TAMPA FL 33602

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
PEISER, ROBERT A
326 LAKEWOOD DRIVE
BLOOMFIELD HILLS MI ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEE ATTACHED FOR COMPLETE
LISTING OF OFFICERS AND DIRECTORS ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCFO
LEONARDI, HARRY G
17911 CLEAR LAKE DRIVE
LUTZ FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCFO
GARY VILTOEN
13060 SANCTUARY COVE
TEMPLE TERRACE FL 33637 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BUISSON, LOUIS J
5521 PINNACLE HEIGHTS CIRCLE, APT. 208
TAMPA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
JOHNSON, KIMBERLY
4514 FERNCREFT CIRCLE
TAMPA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PELLERIN, CRAIG R
5002 PICKETT CT.
TAMPA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MITCHELL, JOHN
1304 STARRY NIGHT STREET
WESLEY CHAPEL FL ☐ DeleteTITLE
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

Date

Daytime Phone #

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90012 028 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)