

4/11

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90122 035 \*\*\*150.00

**DOCUMENT # P00000019675**

1. Entity Name

**SOUTHEAST TRUCKING SERVICES, INC.**

Principal Place of Business

**7084 DAVIS CREEK RD.  
JACKSONVILLE FL 32256**

Mailing Address

**7084 DAVIS CREEK RD.  
JACKSONVILLE FL 32256**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**99-3627200**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCGINTY, DAVID  
7084 DAVIS CREEK RD.  
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

**Adams, Ruthstein Siegel  
4117 Beach Blvd****Ste 104****Jax****FL****Zip Code  
32207**

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.

(NOT: 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	PD	<input type="checkbox"/> Delete
NAME	MCGINTY, DAVID	
STREET ADDRESS	7084 DAVIS CREEK RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	VD	<input type="checkbox"/> Delete
NAME	COHEN, TOMMY D.C.	
STREET ADDRESS	7084 DAVIS CREEK RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTGOMERY, MITCHELL	
STREET ADDRESS	7084 DAVIS CREEK RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	TD	<input type="checkbox"/> Delete
NAME	GRANGER, JAMES W	
STREET ADDRESS	7084 DAVIS CREEK RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

Date

Daytime Phone #

CR2E034 (10/00)