

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90141 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000049117

1. Entity Name
SARIC TRANSPORT INC.



Principal Place of Business
2630-38 AVENUE NORTH
SAINT PETERSBURG, FL 33713

Mailing Address
2630-38 AVENUE NORTH
SAINT PETERSBURG, FL 33713

2. Principal Place of Business
5528 Violet DR
Suite, Apt. #, etc.

3. Mailing Address
5528 Violet DR
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
New Port Richey FL
Zip
34652
Country

City & State
New Port Richey, FL
Zip
34652
Country

4. FEI Number
59-3644520

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SARIC, ENES
2630-38TH AVENUE NORTH
SAINT PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name **ENES SARIC**
Street Address (P.O. Box Number is Not Acceptable)
5528 Violet DR
New Port Richey, FL 34652
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 **Enes Saric**

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

(NOTE: Registered Agent Signature required when reinstating)

5-23-03
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PP
SARIC, ENES
2630 38TH AVENUE NORTH
SAINT PETERSBURG, FL 33713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5528 Violet DR, ☒ Change ☐ Addition
New Port Richey, FL 34652 ☐ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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

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 507, 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: **Enes Saric**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-03
Date

Daytime Phone #

GR2E034 (10/02)