

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059048

1. Entity Name

STRAIGHTWAY OF FLORIDA, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90179 001 ***150.00

Principal Place of Business

% DANIEL GREGG
7684 OLD US 301 BLVD.
SARASOTA FL 34243

Mailing Address

P.O. BOX 310
TALLEVAST FL 34270-0310

AMUD 1000

2. Principal Place of Business

3821 CLARK ROAD

3. Mailing Address

PO Box 129

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

OSPREY FLORIDA

4. FEI Number

Applied For
☒ Not Applicable

Zip

34233

Country

USA

Zip

34229

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
GREGG, DANIEL T
% 7684 OLD US 301 BLVD.
SARASOTA FL 34243
(See ABOVE change)

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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

4/27/01 941-360-6800

Date

Daytime Phone #

CR2E034 (10/00)