

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90356 038 \*\*\*150.00

769073

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P00000071021 <b>1. Entity Name</b> <p style="text-align: center;">Sullivan Trucking, Inc.</p>																													
<b>Principal Place of Business</b> <p style="text-align: center;">3441 Hwy 98 W. Perry, FL 32347</p>			<b>Mailing Address</b> <p style="text-align: center;">Rt 1 Box 775 Perry, FL 32347</p>																										
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <i>3441 Hwy 98 West</i> Suite, Apt. #, etc.																											
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3661339																									
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b> <p style="text-align: center;">Kathleen Sullivan Rt 1 Box 775 Perry, FL 32347</p>			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Name</b></td> </tr> <tr> <td colspan="2"><i>3441 Hwy 98 West</i></td> </tr> <tr> <td><b>City</b></td> <td><b>Zip Code</b></td> </tr> </table>			<b>Name</b>		<i>3441 Hwy 98 West</i>		<b>City</b>	<b>Zip Code</b>																		
<b>Name</b>																													
<i>3441 Hwy 98 West</i>																													
<b>City</b>	<b>Zip Code</b>																												
<b>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.</b>																													
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.																									
<b>11. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> <b>Director</b>            Kathleen Sullivan            3441 Hwy 98 W.            Perry, FL 32347         </td> <td style="width:10%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			<b>Director</b> Kathleen Sullivan 3441 Hwy 98 W. Perry, FL 32347	<input type="checkbox"/> Delete															<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> <b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/> </td> </tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>							
<b>Director</b> Kathleen Sullivan 3441 Hwy 98 W. Perry, FL 32347	<input type="checkbox"/> Delete																												
<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>																													
<b>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 empowerments.</b>																													
<b>SIGNATURE:</b> <i>Kathleen S Sullivan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-27-2001</b> <b>(850) 938-1716</b> <small>Date Daytime Phone #</small>																										

CR2E034 (11/00)