

6/16/2002-9069

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90695 048 \*\*\*150.00  
 07-24-2002 90133 022 \*\*\*461.25

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

DOCUMENT # P00000071021

1. Entity Name

Sullivan Trucking, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3441 Hwy 98 West

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Perry, FL

City & State

Zip

32347

Country

USA

Zip

Country

4. FEI Number

59-3661339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name  
 Kathleen L. Sullivan

Street Address (P.O. Box Number is Not Acceptable)  
 3441 Hwy 98 West

City

FL

32347

**DO NOT WRITE  
 IN THIS SPACE**

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 terminating.)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is \$150.00  
 After May 1, Fee is \$350.00  
 Amended UBR is \$61.25  
 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  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

President  
 Kathleen L. Sullivan  
 3441 Hwy 98 West  
 Perry, FL 32347

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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 CITY-STATE-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with my title or like empowered.

SIGNATURE:

*Kathleen L. Sullivan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-02

Date

(850) 838-1716

Signature Phone #

CR2E034B (12/01)

AMENDED TO CHANGE ADDRESS AND  
FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

ADD OFFICER

DOCUMENT# 00000071021

1. Entity Name

Sullivan Trucking Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3441 Hwy 98 W.  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

Perry FL

City & State

4. FEI Number

59-13661339

Applied For

Not Applicable

Zip

Country

Zip

Country

32347

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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IN THIS SPACE

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Robert Sullivan  
3441 Hwy 98 W.  
Perry FL 32347

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-02 (850) 838-1776

Date

Daytime Phone

CR2E034B (12/01)