

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

Amend

DOCUMENT # 1000000 71021

1. Entity Name
Sullivan Trucking Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 27 AM 10:51

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3441 Hwy 98W

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Perry FL

City & State

Zip
32347

Country
Taylor

Zip

Country

4. FEI Number
59-3661339

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Kathleen S. Sullivan

Street Address (P.O. Box Number Is Not Acceptable)
3441 Hwy 98W

City
Perry

FL

Zip Code
32347

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 Kathleen S. Sullivan

5-27-03

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
President
Kathleen S. Sullivan
3441 Hwy 98W
Perry FL 32347

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Dean B. Staples
3441 Hwy 98W
Perry FL 32347

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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100020416391
06/03/03--01018--002 **\$61.25

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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)(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 like empowered.

SIGNATURE: Kathleen S. Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-03 (850) 838-1716
Date Daytime Phone #

CR2E034B (12/01)