

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name *START TO FINISH TRUCKING + Equipment Services INC,*

Principal Place of Business

Mailing Address

*526 Richlyne ST. Apt. D.
Temple Terrace, FL 33617*

2. Principal Place of Business

3. Mailing Address

526 Richlyne ST.

526 Richlyne ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. D

Apt. D

City & State

City & State

Temple Terrace, FL

Temple Terrace, FL

4. FEI Number

Applied For

59-3681015

Not Applicable

Zip

Country

Zip

Country

33617

USA

33617

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*James Lastinger
526 Richlyne ST. Apt. D.
Temple Terrace, FL 33617*

Name

Same

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

James Lastinger

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

(NOTE: Registered Agent signature required upon reinstating)

4/28/01

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
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 *President* ☐ Delete
NAME *James Lastinger*
STREET ADDRESS *526 Richlyne ST. Apt. D.*
CITY-ST-ZIP *Temple Terrace, FL 33617*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *VP* ☐ Change ☒ Addition
NAME *Anne Lastinger*
STREET ADDRESS *526 Richlyne ST. Apt. D*
CITY-ST-ZIP *Temple Terrace, FL 33617*

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

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

James Lastinger James Lastinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

(813) 917-9311

Daytime Phone #

A0063024

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)