

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000028

1. Entity Name

SOLID ROCK TRANSPORTATION, INC.

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90094 034 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3840 SW 10TH COURT~~  
~~FT. LAUDERDALE FL 33311~~

~~3840 SW 10TH COURT~~  
~~FT. LAUDERDALE FL 33311~~

00043113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4925 NW 104TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

4925 NW 104TH AVENUE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

65-1084734

Applied For

Not Applicable

Zip

33076

Country

BROWARD

Zip

33076

Country

BROWARD

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

YOUNG, CECIL

~~3840 SW 10TH COURT~~  
~~FT. LAUDERDALE FL 33311~~

Name

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

4925 NW 104TH AVENUE

City

CORAL SPRINGS,

FL

Zip Code  
33076

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 ☐ Delete  
NAME D  
STREET ADDRESS YOUNG, CECIL  
CITY-ST-ZIP ~~3840 SW 10TH COURT~~  
~~FT. LAUDERDALE FL 33311~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 4925 NW 104TH AVENUE  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)