

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90641 030 \*\*\*150.00

**DOCUMENT # P01000037610**

**1. Entity Name**  
**SUCCESS TRANSPORTATION INC:**



**Principal Place of Business**  
**6951 SW 21ST COURT**  
**DAVIE FL 33317**

**Mailing Address**  
**6919 W BROWARD BLVD**  
**STE 318**  
**PLANTATION FL 33317**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**840 S state Road 7**

**3. Mailing Address**

**6919 W Broward Blvd**

Suite, Apt. #, etc.

**Suite 105**

Suite, Apt. #, etc.

**#318**

City & State

**Plantation FL**

City & State

**Plantation FL**

Zip

**33317**

Country

**USA**

Zip

**33317**

Country

**USA**

**4. FEI Number 65-1092260**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WALLACE, EUAL**  
**3050 CORAL SPRINGS DR #5**  
**CORAL SPRINGS FL 33065**

**7. Name and Address of New Registered Agent**

Name

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

*Eual Wallace - CEO*

*3/21/03*

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PINNOCK, LASCELLES</b>	
STREET ADDRESS	<b>3050 CORAL SPRINGS DR #5</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WALLACE, CLUETT</b>	
STREET ADDRESS	<b>3050 CORAL SPRINGS DR #5</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Eual Wallace*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-21-03*

Date

*954 625 6875*

Daytime Phone #

CR2E034 (10/02)