

003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 1 P01000042505

SOUTHERN DREAM TRUCKING, INC.

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90030 014 ***150.00

0531524 AV

Principal Place of Business
6260 WEST PATRIOT STREET
HOMOSASSA FL 34448

Mailing Address
6260 WEST PATRIOT STREET
HOMOSASSA FL 34448

2. Principal Place of Business
18042 Caulfield Rd
Suite, Apt. #, etc.

3. Mailing Address
18042 Caulfield Rd
Suite, Apt. #, etc.

City & State
Spring Hill, FL
Zip 34610 Country USA

4. FEI Number
59-3717312
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name Pamela R. McKinney CPA
Street Address (P.O. Box Number is Not Acceptable)
309 S. Main St.
City Brooksville FL Zip Code 34601

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 Pamela R. McKinney 4/25/03
Signature, typed or printed name of registered agent and title (E) 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!!! FEES \$1500
May 1, 2002 DEADLINE \$4500
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
	PSTD PFEIFER, WALTER K	6260 WEST PATRIOT STREET	HOMOSASSA FL 34448

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		18042 Caulfield Rd.	Spring Hill, FL 34610	

13. I hereby certify that the information supplied with this report is true and correct 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if applicable.

SIGNATURE: Walter Pfeifer President 4/25/03 352 271-1186
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)