

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

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90065 022 \*\*\*158.75

DOCUMENT # **P01000060096**

1. Entity Name

**SOUTHERN CROSS FLEET SALES, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**6764 115th AVE N**

Suite, Apt. #, etc.

3. Mailing Address

**8888 PINEHURST DR.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PINELLAS PARK, FL**

City & State

**SEMINOLE, FL**

4. FEI Number

**59-3726083**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

Zip

**33773**

Country

**PINELLAS**

Zip

**33773**

Country

**PINELLAS**

7. Name and Address of Current Registered Agent

Name

**GAY VARANO**

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

**8888 PINEHURST DRIVE**

City

**SEMINOLE**

FL

Zip Code

**33777**

**DO NOT WRITE  
IN THIS SPACE**

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)

☐

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/VP/T/S  
GAY VARANO  
8888 PINEHURST DR  
SEMINOLE, FL 33777**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

Date

**02/11/02**

Daytime Phone #

**727.**

**539.1500**

CR2E034B (12/01)