

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014663

1. Entity Name  
SOUTHEAST AUTO TRUCKING, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90020 005 \*\*\*150.00

Principal Place of Business  
1490 S MILITARY TR  
STE 13A  
WEST PALM BEACH FL 33415  
US

Mailing Address  
SOUTHEAST AUTO TRUCKING, INC.  
1490 S. MILITARY TRAIL, STE 13-A  
W. PALM BEACH FL 33415-9181  
US

2. Principal Place of Business  
630 N Federal Hwy  
Suite, Apt. #, etc.  
Apt A or No 1

3. Mailing Address  
249 Peruvian Ave F3  
Suite, Apt. #, etc.  
Palm Beach, FL

City & State  
Lake Worth, FL

City & State  
Palm Beach, FL

Zip  
33460

Country  
P. Beach

Zip  
33480

Country  
P. Beach

6. Name and Address of Current Registered Agent  
KERR, RANDALL, R  
6364 13TH ROAD SOUTH  
WEST PALM BEACH FL 33415

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	KERR, RANDALL,	630 N FEDERAL APT 1 LAKE WORTH FL 33460			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00 561-6550889  
Date Daytime Phone #

CR2E034 (9/99)