

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097564

1. Entity Name
SEARS TRANSPORTATION CO., INC.

Principal Place of Business
13269 DON LOOP
SPRING HILL FL 34609

Mailing Address
13269 DON LOOP
SPRING HILL FL 34609

2. Principal Place of Business

3225 HICKORY CREEK LN
Suite, Apt. #, etc.

3. Mailing Address

3225 HICKORY CREEK LN
Suite, Apt. #, etc.

City & State
BROOKSVILLE FL.

City & State
BROOKSVILLE FL.

Zip
34602

Country
HERNANDO

Zip
34602

Country
HERNANDO

6. Name and Address of Current Registered Agent

SEARS, LAURA L
13269 DON LOOP
SPRING HILL FL 34609

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SEARS, CURTIS A
13269 DON LOOP
SPRING HILL FL 34609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SEARS, LAURA L
13269 DON LOOP
SPRING HILL FL 34609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3225 HICKORY CREEK LN
BROOKSVILLE FL 34602 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3225 HICKORY CREEK LN.
BROOKSVILLE FL 34602 ☒ Change ☐ Addition

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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:

Curtis A. Sears CURTIS A. SEARS

3-22-01

352-544-3079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE