

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90089 014 ***158.75

DOCUMENT # P96000085240

1. Entity Name

SUNCHASE TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

5950 CYRILS DR.
ST. CLOUD FL 34771
US5950 CYRILS DR.
ST. CLOUD FL 34771-9212
US

00010401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3408945

Applied
Not

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABONTE, OTTO R
5950 CYRILS DR
ST CLOUD FL 34771

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** **
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ☐ Delete
NAME D
STREET ADDRESS GALLATIN, SUSAN L
CITY-ST-ZIP 5950 CYRILS DRIVE
ST CLOUD FL 34771TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS LABONTE, OTTO R
CITY-ST-ZIP 5950 CYRILS DRIVE
ST CLOUD FL 34771TITLE ☐ Change ☐
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan L. Gallatin Susan L. Gallatin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 Jan. 2000

Date

407-892-5

Daytime Phone #