

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000038647**

1. Entity Name

S & S AUTO TRANSPORT, INC.**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90043 046 ***150.00

047113

Principal Place of Business
2407 S. KING RD.
CALLAHAN FL 32011

Mailing Address
P.O. BOX 247
CALLAHAN FL 32011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2385 KINGS RD. S.

3. Mailing Address
Suite, Apt. #, etc.

City & State
CALLAHAN, FL

City & State

Zip
32011

Country

4. FEI Number **59-3441616**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SELF, SHERRIL L
2407 S. KING RD.
CALLAHAN FL 32011

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	<input type="checkbox"/> Delete	
	PD	SELF, PHILLIP A	2393 KINGS ROAD SOUTH - P O BOX 1568	CALLAHAN FL 32011	<input type="checkbox"/>
	VPTM	SELF, SHERRIL L	2407 SOUTH KINGS ROAD - P O BOX 247	CALLAHAN FL 32011	<input type="checkbox"/>
	S	SELF, LINDA	2393 KINGS ROAD SOUTH - P O BOX 1568	CALLAHAN FL 32011	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: Sherril L. Self **SHERRIL L. SELF** **3-16-01** **904 879 7084**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)