

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90048 034 \*\*\*150.00

**DOCUMENT # P97000075948**

1. Entity Name  
**SARASOTA TRUCKING INC.**

Principal Place of Business

**6820 15 ST E  
 BRADENTON FL 34203**

Mailing Address

**P.O. BOX 20907  
 BRADENTON FL 34204-0907**

2. Principal Place of Business

**3315 - 63RD AVE. E.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**BRADENTON FLORIDA**

City & State

Zip  
**34203**

Country  
**MANATEE**

Zip

Country

4. FEI Number **65-0776515**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTS, DEBRA  
 7324 6TH AVE. NW  
 BRADENTON FL 34209**

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 **DEBRA A. ROBERTS**  
 Signature, typed or printed name of registered agent and title if applicable.

*Debra A. Roberts*  
**(SAME)**

**OWNER/DIRECTOR JAN 20, 2001**

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **ROBERTS, DEBRA**  
 STREET ADDRESS **7324 6 AVE NW**  
 CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Debra A. Roberts*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 20, 2001** **941-756-8714**  
 Date Daytime Phone #

CR2E034 (10/00)