

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004201

1. Entity Name

SPECIALTY FREIGHT SERVICES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90019 009 ***150.00

Principal Place of Business

Mailing Address

2051 ART MUSEUM DRIVE
STE 140
JACKSONVILLE FL 32207
US

2051 ART MUSEUM DRIVE
STE 140
JACKSONVILLE FL 32207-2512
US

2. Principal Place of Business

2021 Art Museum Dr.
Suite, Apt. #, etc.
STE 140

3. Mailing Address

2021 ART Museum Dr.
Suite, Apt. #, etc.
STE 140



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL
Zip 32207 Country USA

City & State

JACKSONVILLE, FL
Zip 32207 Country USA

4. FEI Number

59-3485910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EHRIE, LISA LYNN
2051 ART MUSEUM DR
STE 140
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name LISA EHRIE LYNN
Street Address (P.O. Box Number is Not Acceptable)
2021 Art Museum Dr
STE 140
City JACKSONVILLE FL Zip Code 32207

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 Lisa Ehrie Lynn / Lisa Ehrie Lynn President 4/4/00
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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME EHRIE, LISA LYNN
STREET ADDRESS 3824 PURCELLVILLE CT.
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE D ☐ Delete
NAME BEVERIDGE, MICHAEL J
STREET ADDRESS 1620 WILLOWBRANCH AVE
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE IP/S/DNT/Secretary ☒ Change ☒ Addition
NAME LISA EHRIE LYNN
STREET ADDRESS 1877 Sea Oats Dr.
CITY-ST-ZIP Atlantic Beach, FL 32233

TITLE V/P President/Treasurer ☒ Change ☐ Addition
NAME Michael James Beveridge
STREET ADDRESS 13740 Hillandale Dr.
CITY-ST-ZIP JACKSONVILLE, FL 32225

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

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

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

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: Lisa Ehrie Lynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 (904) 398-4788
Date Daytime Phone #