

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000004201**

1. Entity Name

SPECIALTY FREIGHT SERVICES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90067 011 ***150.00

Principal Place of Business

**2021 ART MUSEUM DR
STE 140
JACKSONVILLE FL 32207
US**

Mailing Address

**2021 ART MUSEUM DR
STE 140
JACKSONVILLE FL 32207
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**EHRIE, LISA LYNN
2021 ART MUSEUM DR
STE 140
JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 their supervisor

(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 2001

TITLE **PSDV** ☐ Delete
NAME **EHRIE, LISA LYNN**
STREET ADDRESS **1877 SEA OATS DR**
CITY-STATE-ZIP **ATLANTIC BEACH FL 32233**

TITLE **PSDC** ☒ Change ☐ Addition
NAME **LISA EHRIE LYNN**
STREET ADDRESS **226 ISLAND HARBOR CIRCLE**
CITY-STATE-ZIP **PONTE VEDRA BCH, FL 32082**

TITLE **VT** ☐ Delete
NAME **BEVERIDGE, MICHAEL J**
STREET ADDRESS **13740 HILLDALE DR**
CITY-STATE-ZIP **JACKSONVILLE FL 32225**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption statute 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

4/24/01 **(904) 398-4788**
Date Business Phone

CR2E034 (10/00)