

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90046 008 ***150.00

DOCUMENT # P98000005375

1. Entity Name

SASSY TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

170 LK STELLA DR #1
 AUBURNDALE FL 33823

PO BOX 1516
 AUBURNDALE FL 33823-1516

2. Principal Place of Business

3. Mailing Address

845 N MARKET BLVD

PO BOX 779

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Webster, FL

City & State

Webster FL

Zip

Country

33597

Zip

Country

33597

4. FEI Number

65-0806053

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

SASSER, CARMEN L
170 LK STELLA DR #1
AUBURNDALE FL 33823

Name

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

5676 E CR. 478

City

Webster

FL

Zip Code

33597

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

Carmen L Sasser

April 7, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **SASSER, CARMEN L**
 STREET ADDRESS **170 LK STELLA DR #1**
 CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **DP** ☒ Change ☐ Addition
 NAME **SASSER, CARMEN L**
 STREET ADDRESS **5676 E CR 478**
 CITY-ST-ZIP **Webster FL 33597**

TITLE **ST** ☐ Delete
 NAME **GILMORE, CAROL**
 STREET ADDRESS **3020 SPIRIT LK DR**
 CITY-ST-ZIP **WINTER HAVEN FL 33882**

TITLE **ST** ☒ Change ☐ Addition
 NAME **GILMORE, CAROL**
 STREET ADDRESS **1452 LK HOWARD DR S.W**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 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:

Carmen L Sasser

4-14-2000 352-569-0778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #