

# 2001 UNIFORM BUSINESS REPORT (UBR)

05-24-2001 90500 035 \*\*\*550.00  
P98000005375

DOCUMENT # P98000005375

1. Entity Name  
**SASSY TRANSPORTATION, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 13 AM 10:01

Principal Place of Business  
845 N MARKET BLVD  
WEBSTER FL 33597

Mailing Address  
PO BOX 779  
WEBSTER FL 33597



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**639 Ave F NW**  
Suite, Apt. #, etc.  
**#1**

3. Mailing Address  
**PO BOX 2996**  
Suite, Apt. #, etc.

City & State  
**Winter Haven FL**

City & State  
**Winter Haven FL**

Zip  
**33881**

Country  
**USA**

Zip  
**33883**

Country  
**USA**

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**  
~~5678 E CR 478~~  
~~WEBSTER FL 33597~~

Name

Street Address (P.O. Box Number is Not Acceptable)  
**639 Ave F NW #1**

City **Winter Haven FL** Zip Code **33881**

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. (NOT) 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 NAME STREET ADDRESS CITY-ST-ZIP	DP SASSER, CARMEN L <del>5678 E CR 478</del> <del>WEBSTER FL 33597</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILMORE, CAROL 1452 LK HOWARD DR SW WINTER HAVEN FL 33880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**639 Avenue F NW #1**  
**Winter Haven FL 33881**

**5/18/01**

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 no 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 is 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 information empowered.

SIGNATURE: **Carmen L Sasser**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR  
**CARMEN L SASSER**

Date **5-18-01** Devline Phone # **863-295-9222**

CR2E034 (10/00)