

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90128 044 ***150.00

DOCUMENT # P98000005375

1. Entity Name
SASSY TRANSPORTATION, INC.



Principal Place of Business
**639 AVE F NW
#1
WINTER HAVEN FL 33881
US**

Mailing Address
**P.O. BOX 2996
WINTER HAVEN FL 33881
US**



2. Principal Place of Business

3. Mailing Address

PO Box 117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dundee FL

4. FEI Number **65-0806053**

Applied For

Not Applicable

Zip

Country

33838-0117

Country

US

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
65 PERCH
HAINES CITY FL 33844**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SASSER, CARMEN L**
STREET ADDRESS **639 AVENUE F NW #1**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **DP** ☒ Change ☐ Addition
NAME **SASSER, CARMEN L**
STREET ADDRESS **65 PERCH ST**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **ST** ☐ Delete
NAME **GILMORE, CAROL**
STREET ADDRESS **1452 LK HOWARD DR SW**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carmen L Sasser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

864-438-864

Daytime Phone #

CR2E034 (10/02)