

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000040155**

1. Entity Name

S.O.S. TRUCKING INC.

Principal Place of Business

Mailing Address

**148 HICKORY HAMMOCK RD.
LAKE WALES FL 33853****148 HICKORY HAMMOCK RD.
LAKE WALES FL 33853**

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 **59-3521757**

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

**O'CONNOR, SUSAN
148 HICKORY HAMMOCK RD.
LAKE WALES FL 33853**

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.

SIGNATURE

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, 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
**D
O'CONNOR, SUSAN
148 HICKORY HAMMOCK RD.
LAKE WALES FL 33853** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Jul 31, 2001 8:00 am
Secretary of State**

07-31-2001 90227 019 ***150.00

A0080131

DO NOT WRITE IN THIS SPACE

0380398

CR2E034 (10/00)

Attachment A0080131
P98000040155

S O S Trucking Inc.
148 Hickory Hammock Rd.
Lake Wales, FL 33898-3401
P98000040155

July 23, 2001

Division of Corporations
P O Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed, please find our check in the amount of \$150.00 and the 2001 Uniform Business Report (UBR). As you can see, it is marked **First Notice**, although we just received it in the mail during the week of July 16, 2001. Please allow this letter to serve as a request for waiver of the additional penalties as we did not receive it before May 1, 2001.

Respectfully,



S O S Trucking Inc.