

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062522

1. Entity Name

SOUTHERN TANK SERVICES, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90164 024 ***150.00

Principal Place of Business

Mailing Address

1160 EASTPORT RD.
JACKSONVILLE FL 32218

11900 STAGE COACH
LITTLE ROCK AR 72209-8930

80016377

2. Principal Place of Business

3. Mailing Address

1160 Eastport Rd

PO Box 8818

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32218

32239

4. FEI Number 71-0818219

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

PARETTE, KEITH
1160 EASTPORT RD
JACKSONVILLE FL 33318

Name

Keith Parette

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

1160 Eastport Rd

City

Jacksonville

FL

Zip Code
32218

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

Keith Parette

2/4/00

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 NAME STREET ADDRESS CITY-ST-ZIP | P GENTRY, SCOTT 11900 STAGECOACH RD LITTLE ROCK AR 72209 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T PARETTE, KEITH 11900 STAGECOACH RD LITTLE ROCK AR 72209 | <input type="checkbox"/> Delete |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Parette

Date

Daytime Phone #

2/4/00

501 455 5200