

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066143

1. Entity Name

STATE TO STATE TRANSPORT INC.

Principal Place of Business

1706 SPOONBILL DRIVE
NOKOMIS FL 34275

Mailing Address

1706 SPOONBILL DRIVE
NOKOMIS FL 33825-9577

2. Principal Place of Business

2993 US 27 N

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVON PARK FL

City & State

4. FEI Number

65-0867406

Applied For

Not Applicable

Zip

Country

33825

USA

Zip

Country

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

GERBER, HERMAN D
1706 SPOONBILL DRIVE
NOKOMIS FL 34275

Name

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

2993 US 27 NORTH

City

AVON PARK

FL

Zip Code

33825

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

4-28-00

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
GERBER, HERMAN D
1706 SPOONBILL DR
NOKOMIS FL 34275 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. PRES
TERRI GERBER
2993 US 27 N
AVON PARK FL 33825 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terri Gerber (4-28-00) (863) 453-5588

CR2E034 (9/99)