

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009945

1. Entity Name

ERIC'S TRANSPORT SERVICES, INC.

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90001 016 \*\*\*550.00

Principal Place of Business

2015 N. WASHINGTON BLVD.  
SARASOTA FL 34234

Mailing Address

2015 N. WASHINGTON BLVD.  
SARASOTA FL 34234

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

65-0900457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAMMANN, ERIC F  
2015 N. WASHINGTON BLVD.  
SARASOTA FL 34234

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> Delete |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> Delete |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> Delete |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> Delete |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> Delete |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | PIT   |
| STREET ADDRESS  | Eric F. Dammann   |
| CITY - ST - ZIP | 2015 N. Washington Blvd.<br>Sarasota, FL 34232                    |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | V/S   |
| STREET ADDRESS  | George Dammann  |
| CITY - ST - ZIP | 3646 Glen Eagle Dr<br>Sarasota, FL 34238                          |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | <del>ERIC DAMMANN</del>   |
| STREET ADDRESS  | <del>2015 N. Washington Blvd</del>                                |
| CITY - ST - ZIP | <del>SARASOTA, FL 34234</del>                                     |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | 5   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

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:

*Eric F. Dammann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/00

Date

941 365-3023

Daytime Phone #

CR2E034 (5/00)