

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90100 019 ***150.00

DOCUMENT # P99000019797

1. Entity Name

S & R TRANSPORTATION SERVICES INC.

Principal Place of Business

1790 GUMWOOD CT
 ORLANDO FL 32818

Mailing Address

P.O. BOX 680686
 ORLANDO FL 32868-0686

2. Principal Place of Business

5506 Blue Tick Drive

3. Mailing Address

P.O. BOX 680686

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

4. FEI Number

59-3562927

Applied For

Not Applicable

Zip

Country

32810 USA

Zip

Country

32868-0686 USA

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

ROBINSON, LOUIS
 2229 SILVER PINES PLACE
 ORLANDO FL 32808

Name Ronald David Pollard

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

5506 Blue Tick Drive

City Orlando

FL

Zip Code 32810

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 *Ronald D. Pollard* *Ronald D. Pollard*

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

(NOTE: Registered Agent signature required when reinstating)

4/17/00
 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, 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 **D** ☐ Delete
 NAME **POLLARD, SOPHIA**
 STREET ADDRESS **1790 GUMWOOD CT**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **President** ☐ Change ☐ Addition
 NAME **Sophia Pollard**
 STREET ADDRESS **5506 Blue Tick Drive**
 CITY-ST-ZIP **Orlando Florida 32810**

TITLE **D** ☒ Delete
 NAME **ROBINSON, LOUIS**
 STREET ADDRESS **2229 SILVER PINES PL**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **Vice-President** ☐ Change ☒ Addition
 NAME **Ronald Pollard**
 STREET ADDRESS **5506 Blue Tick Drive**
 CITY-ST-ZIP **Orlando, Florida 32810**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Sophia Pollard*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sophia Pollard - President 4/17/00 407 578-2494
 Date Daytime Phone #

CR2E034 (9/99)