

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027694

1. Entity Name

SOUTHERN COMMERCIAL CARRIERS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90156 028 ***150.00

Principal Place of Business

Mailing Address

6270 NW 14TH STREET
SUNRISE FL 33313

6270 NW 14TH STREET
SUNRISE FL 33313-4704

2. Principal Place of Business

10214 NW 54 Place

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Zip 33076

Country USA

Zip

Country

4. FEI Number

65-0905151

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

INGRAM, WORRELL A
6270 NW 14TH STREET
SUNRISE FL 33313

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME INGRAM, WORRELL
STREET ADDRESS 6270 NW 14TH STREET
CITY-ST-ZIP SUNRISE FL 33313

☐ Delete

TITLE
NAME
STREET ADDRESS 10214 NW 54 Place
CITY-ST-ZIP CORAL SPRINGS FL 33076

☒ Change ☐ Addition

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☐ 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 #

4 17 00 954 868 0070

CR2E034 (9/99)