

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034782

1. Entity Name

SIR NATHAN TRANSPORT, INC.

**FILED**  
**Jul 06, 2000 8:00 am**  
**Secretary of State**

07-06-2000 90009 022 \*\*\*550.00

Principal Place of Business

2877 W. THARPE ST., #D  
TALLAHASSEE FL 32303

Mailing Address

2877 W. THARPE ST., #D  
TALLAHASSEE FL 32303-1104

2. Principal Place of Business

16921 Lake Christiana  
Suite, Apt. #, etc.  
Court

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip

32310

Country

USA

Country

4. FEI Number

59-3506131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NATHAN, NELSON J  
2877 W. THARPE ST., #D  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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

16921 Lake Christiana Court

City

Tallahassee

FL

Zip Code  
32310

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. ☐

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

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME NATHAN, NELSON J  
STREET ADDRESS 2877 W. THARPE ST., #D  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE STD ☐ Delete  
NAME TULLY, DEBORAH L  
STREET ADDRESS 16921 LAKE CHRISTIANA CT.  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

*Deborah L. Tully*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah L. Tully

Sec./Treas.

6/26/00 (850) 878-5212  
Date Daytime Phone #

CR2E034 (9/99)