

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094095

1. Entity Name

SOUTHERN EXPEDITERS EXPRESS, INC.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90060 001 \*\*\*550.00  
 09-13-2000 90060 002 \*\*\*\*\*8.75

Principal Place of Business

5900 12TH ST. N.  
 ST. PETERSBURG FL 33703

Mailing Address

5900 12TH ST. N.  
 ST. PETERSBURG FL 33703

2. Principal Place of Business

5900 - 12th St NO

Suite, Apt. #, etc.

3. Mailing Address

5900 - 12th St NO

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St Petersburg FL

Zip

33703

Country

US

City & State

St. Petersburg FL

Zip

33703

Country

US

4. FEI Number

593607398

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, VESTA I  
 5900 12TH ST. N.  
 ST. PETERSBURG FL 33703

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

*Vesta I Thomas*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-8-2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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**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	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VESTA I THOMAS		
STREET ADDRESS	5900-12th St NO		
CITY-ST-ZIP	St. Petersburg FL 33703		
TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Ralph Thomas		
STREET ADDRESS	4701 Duhme Rd		
CITY-ST-ZIP	St. Petersburg FL 33708		
TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Ralph R. Thomas		
STREET ADDRESS	4701 Duhme Rd		
CITY-ST-ZIP	St. Petersburg FL 33708		
TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VESTA I THOMAS		
STREET ADDRESS	5900-12th St NO		
CITY-ST-ZIP	St. Petersburg FL 33703		
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:

*Vesta I Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-2000-727 522 3806

Date

Daytime Phone #

CR2E034 (5/00)