

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094453

1. Entity Name

SCROLL TRANSPORT, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90125 050 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

5201 LOCKSLEY AVENUE

Suite, Apt. #, etc.

3. Mailing Address

5201 LOCKSLEY AVENUE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32208

Country

USA

Zip

32208

Country

USA

4. FEI Number

59-3605126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EMMERELL F. OWENS
5201 LOCKSLEY AVENUE
JACKSONVILLE, FL. 32208

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	VIRGIL OWENS, JR	5201 LOCKSLEY AVENUE	JACKSONVILLE, FL 32208	<input type="checkbox"/>
VP	EMMERELL F. OWENS	5201 LOCKSLEY AVENUE	JACKSONVILLE, FL 32208	<input type="checkbox"/>
S	ADRIAN D. JOHNSON	11017 OYSTER WAY	JACKSONVILLE, FL 32218	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

4-29-00

Date

(904) 765-2046

Daytime Phone #

CR2E034 (9/99)