

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90181 012 ***150.00

DOCUMENT # V58555

1. Entity Name

SUNBELT TRANSPORT, INC.

Principal Place of Business

155 E 21ST STREET
 JACKSONVILLE FL 32206

Mailing Address

C/O DENNIS D FRICK
 PO BOX 4667
 JACKSONVILLE FL 32201-4667
 US

2. Principal Place of Business

1801 Art Museum Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32207

City & State

4. FEI Number

59-3137060

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

Country

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

FRICK, DENNIS D
 155 E 21ST STREET
 JACKSONVILLE FL 32206

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
 NAME ANDERSON, JOHN E
 STREET ADDRESS 155 E. 21ST STREET
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
 NAME Anderson, John E.
 STREET ADDRESS 1801 Art Museum Dr.
 CITY-ST-ZIP Jacksonville, FL 32207

TITLE D ☐ Delete
 NAME BAKER, JOHN D II
 STREET ADDRESS 155 E 21ST STREET
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Change ☒ Addition
 NAME Shephard, James B.
 STREET ADDRESS 1801 Art Museum Dr.
 CITY-ST-ZIP Jacksonville, FL 32207

TITLE DP ☐ Delete
 NAME COPLEY, ISH
 STREET ADDRESS 155 E 21ST STREET
 CITY-ST-ZIP JACKSONVILLE FL

TITLE P ☒ Change ☐ Addition
 NAME Copley, Ish
 STREET ADDRESS 1801 Art Museum Dr.
 CITY-ST-ZIP Jacksonville, FL 32207

TITLE VS ☐ Delete
 NAME FRICK, DENNIS D
 STREET ADDRESS 155 EAST 21ST STREET
 CITY-ST-ZIP JACKSONVILLE FL

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

TITLE VP ☐ Delete
 NAME COPLEY, RICK J.
 STREET ADDRESS 155 E 21ST STREET
 CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☒ Change ☐ Addition
 NAME Copley, Rick J.
 STREET ADDRESS 1801 Art Museum Dr.
 CITY-ST-ZIP Jacksonville, FL 32207

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T/AS ☐ Change ☒ Addition
 NAME Gilstrap, James J.
 STREET ADDRESS 155 East 21st St.
 CITY-ST-ZIP Jacksonville, FL 32206

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: *Dennis D Frick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

904-355-1781

Daytime Phone #

CR2E034 (9/99)