## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J22354** Feb 20, 2000 8:00 am 1. Entity Name Secretary of State TRANSTAR TRANSPORTATION, INC. 02-20-2000 90052 030 \*\*\*150.00 Principal Place of Business Mailing Address 10360-GENERAL-DRIVE 10360 GENERAL DRIVE-ORLANDO FL 32824 **GRLANDO FL-32024-8530** HS 1150 Jet Port Drive Orlando, Florida 32 2. Principal Place of Business 3. Mailing Address <u>1150 Jet Port Drive</u> Same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2687327 Not Applicable <u>Orlando, Florida</u> Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32809-7827 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name- ---GAYE. ROBERT T Street Address (P.O. Box Number is Not Acceptable) 8809 SOUTHERN BREEZE ORLANDO FL 32836 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE GAYE, ROBERT T NAME NAME STREET ADDRESS 8809 SOUTHERN BREEZE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836-5034 Addition ☐ Change Delete TITLE TITLE Vice President DE SANTIS, VICTOR NAME Kingsley Blair, Jr. 8290 CLEARY BLVD. #2908 STREET ADDRESS STREET ADDRESS 1150 Jet Port Drive, CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Orlando, FL 32809-7827 Change TITI F TITLE BYRNE, ROBERT H NAME NAME STREET ADDRESS STREET ADDRESS 4559 ROUTHE 9 NORTH CITY-ST-ZIP CITY-ST-ZIP HOWELL NJ 07731 Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS 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 emperator 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, war all other like empowered.

**SIGNATURE:** 

MOTIPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feli 11, 2000 (407) 896-777