

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0483538 AV

04-14-2003 90736 047 \*\*\*150.00

**DOCUMENT # P00000016327**



1. Entity Name  
**CHECKER CAB OF CLEARWATER, INC.**

Principal Place of Business  
**3160 46TH AVENUE  
SAINT PETERSBURG FL 33714**

Mailing Address  
**3160 46TH AVENUE  
SAINT PETERSBURG FL 33714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

City & State

Zip Country

4. FEI Number **59-3636951**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

-CHECK HERE IF MAKING CHANGES-



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KURMAY, DENISE  
3160 46TH AVENUE  
SAINT PETERSBURG FL 33714**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D KURMAY, DENISE 3160 46TH AVE.,NORTH ST. PETERSBURG FL 33714</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-10-03** Daytime Phone #: **87-444-4445**

CR2E034 (10/02)