


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90394 002 \*\*\*150.00

**DOCUMENT # P02000060662**  
1. Entity Name  
**DIPLOMAT AIRPORT TRANSPORTATION, INC.**



00040101

Principal Place of Business  
**850 SOUTH TAMiami TRAIL  
UNIT 427  
SARASOTA FL 34236**

Mailing Address  
**850 SOUTH TAMiami TRAIL  
UNIT 427  
SARASOTA FL 34236**



2. Principal Place of Business  
**2616 49TH ST**

3. Mailing Address  
**2616 49TH ST**

CHECK HERE IF MAKING CHANGES

City & State  
**SARASOTA FL**

City & State  
**SARASOTA FL**

Zip  
**34234** Country **USA**

Zip  
**34234** Country **USA**

4. FEI Number  
**02-0611853**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MAZSA, DEZSO  
850 SOUTH TAMiami TRAIL  
UNIT 427  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent  
Name **DEZSO MAZSA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2616 49TH ST**  
City **SARASOTA FL** Zip Code **34234**

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 date 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>D MAZSA, DEZSO 850 SOUTH TAMiami TRAIL, UNIT 427 SARASOTA FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D MAZSA, DEZSO 2616 49TH ST SARASOTA FL 34234</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 REQUIRED **DEZSO MAZSA** 062903 941 780 9911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)