

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000061949**

1. Entity Name

SHARP CAB COMPANY**FILED****Jul 11, 2000 8:00 am**
Secretary of State

07-11-2000 90175 050 ***150.00

Principal Place of Business

**423 W LANCASTER RD
ORLANDO FL 32809
US**

Mailing Address

**423 W LANCASTER RD
ORLANDO FL 32809
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3331164

Applied For

Not Applicable

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

**SHARPTON, ALTHERIO
423 W LANCASTER RD
ORLANDO FL 32809**

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PDT	SHARPTON, ALTHERIO	423 W LANCASTER RD	ORLANDO FL 32809	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	VPSD	SHARPTON, JANIE	423 W LANCASTER RD	ORLANDO FL 32809	<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"/>					<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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR - 0014 (1/00)

Attachment
D# 995 00001999
DW69152

Sharp Cab Co.
423 W Lancaster Rd
Orlando, Fl. 32809
407-850-2007
Fax- 407-850-0119

July 7, 2000


Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE. 2000 Uniform Business Report

Unfortunately the first notice for filing was not received. Please accept our payment enclosed of \$150.00 as discussed in our phone conversation of 7/7/00.

Thank you for your kind consideration.

Sincerely,


Altherio Sharpton *pres.*