

FILED

Apr 02, 2002 8:00 am
Secretary of State

02-24-2002 90074 015 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023063

1. Entity Name

TRANSIT MASTERS, INC.

Principal Place of Business

1477 W GORE ST
ORLANDO FL 32805

Mailing Address

1477 W GORE ST
ORLANDO FL 32805

2. Principal Place of Business

11052 Satellite Blvd.

Suite, Apt. #, etc.

Regency Industrial Park

City & State

Orlando, Florida

Zip

32837

Country

3. Mailing Address

11052 Satellite Blvd

Suite, Apt. #, etc.

Regency Industrial Park

City & State

Orlando, Florida

Zip

32837

Country

4. FEI Number

59-3435774

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

20184



6. Name and Address of Current Registered Agent

LATIMER, DUANE

1950 COVE COLONY RD

SUITE 1500

MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

LUIS PINEDA

Street Address (P.O. Box Number is Not Acceptable)

11052 Satellite Blvd.

Regency Industrial Park

City

Orlando

FL

Zip Code

32837

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	TATE, WILLIAM A	
STREET ADDRESS	2931 SUMMERFIELD ROAD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	☒ Delete
NAME	TATE, HELEN B	
STREET ADDRESS	2931 SUMMERFIELD ROAD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	☒ Delete
NAME	TATE, JOHN A	
STREET ADDRESS	2537 MAITLAND CROSSING WAY #12-203	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	☒ Delete
NAME	SULLIVAN, SANDRA W	
STREET ADDRESS	0142 BEACH BLOW LANE	
CITY-ST-ZIP	BASALT CO 81621	
TITLE	D	☒ Delete
NAME	LATIMER, DUANE A	
STREET ADDRESS	1950 COVE COLONY RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	☒ Delete
NAME	DECKER, SHARON L	
STREET ADDRESS	212 ROBIN LEE ROAD	
CITY-ST-ZIP	ORLANDO FL 32765	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Change ☒ Addition
NAME	De Sousa, Rene G	
STREET ADDRESS	10101 Collins Avenue, #11A	
CITY-ST-ZIP	Bal Harbour, Florida 33154	
TITLE	V/T/S	☐ Change ☒ Addition
NAME	Pineda, Luis	
STREET ADDRESS	13747 Waterhouse Way	
CITY-ST-ZIP	Orlando, Florida 32828	
TITLE	D	☐ Change ☒ Addition
NAME	Tolentino, Delson	
STREET ADDRESS	10101 Collins Avenue, #11A	
CITY-ST-ZIP	Bal Harbour, Florida 33154	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (9/01)