## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 25, 2000 8:00 am Secretary of State DOCUMENT # P98000008562 S & S SHUTTLE SERVICE INC. 01-25-2000 90101 023 \*\*\*150.00 Principal Place of Business Mailing Address 7685 SPRINGFIELD LAKE DRIVE 7685 SPRINGFIELD LAKE DRIVE LAKE WORTH FL 33433-3501 LAKE WORTH FL 33467 3. Mailing Address 68 46 PAINTHO CALL SONTH 2. Principal Place of Business 6846 PAIMEN Cre Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1101 002 1/01 City & State BOCH CAN 4. FEI Number Applied For ity & State 65-0806382 FL. BA TON Country \$8.75 Additional 5. Certificate of Status Desired 33451 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SETH GREENBLATT CHOTINER, STEVE Street Address (P.O. Box Number is Not Acceptable) 7685 SPRINGFIELD LAKE DRIVE LAKE WORTH FL 33467 BLOF 1101 City Zip Code 33 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!!: FEE JS \$150.00 10. Election Campaign: Financing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. TITLE TITLE Delete SETH GREENBLATT CHOTINER, STEVE NAME PAINKITO CIRCLE South NAME 7685 SPRINGFIELD LAKE DRIVE STREET ADDRESS STREET ADDRESS GLD2 1161 CITY-ST-ZIP 33433 CITY-ST-ZIP LAKE WORTH FL 33467 BOLA RATE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP A 3 3 1 12 1 --☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP: ☐ Change ☐ Additior ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 #