

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90142 039 \*\*\*158.75

**DOCUMENT # S52286**

1. Entity Name

**RAPID TRANSFER CO**

Principal Place of Business

Mailing Address

4813 FORT DODGE ST.

ORLANDO FL 32822

US

4813 FORT DODGE ST.

ORLANDO FL 32822-0641

US

2. Principal Place of Business

6131 ANNO AVE ORL 32819

3. Mailing Address

P.O. Box 620641 32862 ORL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Fla

City & State

Orlando Fla

4. FEI Number

59-3068189

Applied For

Not Applicable

Zip

32819

Country

Orange

Zip

32862

Country

Orange

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARDONA, ROBERTO J

4813 FORT DODGE ST.

ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

Robert J Cardona

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

5269 HAMMOCK circle

City

Saint cloud

FL

Zip Code

34771

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, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | P                   | <input type="checkbox"/> Delete |
| NAME           | CARDONA, ROBERTO J  |                                 |
| STREET ADDRESS | 4813 FORT DODGE ST. |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32822    |                                 |
| TITLE          | V                   | <input type="checkbox"/> Delete |
| NAME           | CARDONA, MARTHA L   |                                 |
| STREET ADDRESS | 4813 FORT DODGE ST. |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32822    |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |                                 |                                   |
|----------------|---------------------|---------------------------------|-----------------------------------|
| TITLE          | P                   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | Cardona Roberto J   |                                 |                                   |
| STREET ADDRESS | 5269 Hammock circle |                                 |                                   |
| CITY-ST-ZIP    | Saint cloud 34771   |                                 |                                   |
| TITLE          | V                   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | Cardona Martha L    |                                 |                                   |
| STREET ADDRESS | 5269 Hammock circle |                                 |                                   |
| CITY-ST-ZIP    | Saint cloud 34771   |                                 |                                   |
| TITLE          |                     | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                     |                                 |                                   |
| STREET ADDRESS |                     |                                 |                                   |
| CITY-ST-ZIP    |                     |                                 |                                   |
| TITLE          |                     | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                     |                                 |                                   |
| STREET ADDRESS |                     |                                 |                                   |
| CITY-ST-ZIP    |                     |                                 |                                   |
| TITLE          |                     | <input type="checkbox"/> Change | <input type="checkbox"/> 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)(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:

*Robert J Cardona*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-15-00

Daytime Phone #

407 256-7848

CR2E034 (9/98)