

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90288 045 \*\*\*158.75

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**DOCUMENT # S90414**

1. Entity Name  
**PROFESSIONAL TRANSPORTATION MANAGEMENT, INC.**

Principal Place of Business <b>3435 TENTH ST N          302          NAPLES FL 34103          US</b>	Mailing Address <b>C/O WD KRAMER          1838 40TH TERRACE SW          NAPLES FL 34116          US</b>
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DO NOT WRITE IN THIS SPACE

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 <b>65-0293362</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KRAMER, WILLIAM D.  
 1838 40TH TERRACE SW  
 NAPLES FL 34116**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State**

10. 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 <b>PT HECHT, STANLEY B.</b> <input checked="" type="checkbox"/> Delete	STREET ADDRESS <b>4951 GULF SHORE BLVD. NAPLES FL 34103</b>	TITLE NAME <b>S RUTH G. HECHT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME <b>ST COHON, ALYS</b> <input type="checkbox"/> Delete	STREET ADDRESS <b>7117 PELICAN BAY BLVD #209 NAPLES FL 34108</b>	TITLE NAME <b>PT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** *ALYS COHON* **APR 20 2002** 239-348-0272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)