

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90042 040 ****70.00

DOCUMENT # 742156

1. Entity Name

BIG BEND TRANSIT, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2201 Eisenhower St.
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 1721
Suite, Apt. #, etc.

94058692

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL
Zip
32310

Country
US

City & State
Tallahassee, FL
Zip
32302

Country
US

4. FEI Number
59-1909296

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Edward B. Waters.

Street Address (P.O. Box Number is Not Acceptable)
2201 Eisenhower St.

City **Tallahassee** **FL** Zip Code **32310**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Ms. Blythe Newsome
1304 Leewood Drive
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Mr. Lee E. Plummer
8782 Gamble Road
Monticello, FL 32344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
Mr. Lewis O. Persons, Sr.
4595 Barclay Lane
Tallahassee, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Ralph Wilson
P.O. Box 1493
Tallahassee, FL 32302

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Anne Glass
715 Lewis Blvd
Tallahassee, FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
Edward B. Waters
1314 Leewood Dr.
Tallahassee, FL 32312

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward B. Waters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/04 (850) 574-6266

Date

Daytime Phone #

CR2E034B (12/02)