

DOCUMENT # 150340

1. Entity Name

YELLOW CAB COMPANY OF ORLANDO, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90096 014 \*\*\*150.00

Principal Place of Business

324 W. GORE ST  
 ORLANDO FL 32806  
 US

Mailing Address

SWANN, HADLEY & ALVAREZ, P.A.  
 1031 W. MORSE BLVD SUITE 270  
 WINTER PARK FL 32789-3750  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-0566976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWANN, HADLEY & ALVAREZ, P.A.  
 1031 W. MORSE BLVD  
 SUITE 270  
 WINTER PARK FL 32789

Name

Swann &amp; Hadley, P.A.

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

1031 W. Morse Blvd., Suite 160

City

Winter Park

FL

Zip Code

32789

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete

CARNS, CHARLES E. JR.  
 324 W. GORE ST.  
 ORLANDO FL

TITLE NAME ☐ Delete

PD  
 MEARS, PAUL S., JR.  
 324 W GORE ST.  
 ORLANDO FL

TITLE NAME ☐ Delete

DC  
 MEARS, PAUL S SR  
 324 W. GORE STREET  
 ORLANDO FL

TITLE NAME ☐ Delete

EVP  
 SEARCY, ROBERT A  
 324 W GORE ST.  
 ORLANDO FL

TITLE NAME ☐ Delete

VD  
 MEARS, JAMES L.  
 324 W. GORE ST.  
 ORLANDO FL

TITLE NAME ☐ Delete

VD  
 MEARS, JONATHAN P.  
 324 W. GORE ST.  
 ORLANDO FL

TITLE NAME ☐ Change ☒ Addition

S  
 BAKER, TIMOTHY L.  
 324 W GORE ST  
 ORLANDO, FL

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

*Timothy Baker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

407 422-4561

Daytime Phone #

CR2E034 (9/99)