2000 UNIFORM BUSINÈSS REPORT (UBR)  $\mathtt{FILED}$ DOCUMENT # May 24, 2000 8:00 am 151438 1. Entity Name Secretary of State YELLOW CAB COMPANY OF ST PETERSBURG, INC. 05-24-2000 90161 032 \*\*\*150.00 Principal Place of Business Mailing Address 11901 30TH COURT NORTH C/O"BRENT MCLEAN, CPA ST PETERSBURG FL 33716 PO BOX 2773 A0065041 ST PETERSBURG FL 33731-2773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable 59-0573493 Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BYRON C. SHOUPPE JR Street Address (P.O. Box Number is Not Acceptable) 11901 30TH COURT NORTH JOHN PLECAS 11901T30THTCOURTGNORTH ST PETERSBURG FL 33716 Zip Code PETERSBURG T 33716 the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name BYRON C. SHOUPPE, JR. FILE NOW!!! FEE IS \$150:00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Addition X Change TITLE TITI F ☐ Delete NAME NAME MARY ANNE BOND STREET ADDRESS STREET ADDRESS PO BOX 12675 PO BOX 2773 CITY-ST-ZIP CITY-ST-ZIP-ST PETERSBURG FL 33733 PETERSBURG FL 33731-2773 ■ Addition X Change TITLE ☐ Delete NAME BYRON C. SHOUPPE JR. NAME STREET ADDRESS STREET ADDRESS PO BOX 12675 PO BOX 2773 CITY-ST-ZIP CITY-ST-ZIP ST\_PETERSBURG\_FL\_33731-2773 ST\_PETERSBURG\_FL\_33733 (X) Change Addition ☐ Delete TITLE STSTD NAME NAME BRENT S. MCLEAN STREET ADDRESS STREET ADDRESS PO BOX 2773 PO BOX 12675 CITY-ST-ZIP CITY-ST-ZIP PETERSBURG FL 33733 <u>ST PETERSBURG FL 33731-2773</u> 🙀 Change Addition □ Delete TITLE TITLE NAME **GARYPWSHOUPPE** NAME PO BOX 12675 STREET ADDRESS PO BOX 2773 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ST PETERSBURG FL 33733 PETERSBURG FL 33731-2773 X Change ☐ Addition ☐ Delete TITLE TITLE SUSAN S MCLEAN NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 12675 PO BOX 2773 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 337333 ST\_PETERSBURG\_FL\_33731-2773 ☐ Change Addition Xi Delete TITLE TITLE JOHN R PLECAS NAME NAME PO"BOX 12675 STREET ADDRESS STREET ADDRESS ST PETERSBURG, FL 337332 CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 appears with all other like empowered. changed, or on an attachment with a SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OP Daytime Phone #