

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90111 001 ***150.00

DOCUMENT # 182262

1. Entity Name

CITY CAB COMPANY OF ORLANDO INC

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
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Swann & Hadley, P.A.
 Suite, Apt. #, etc.**

1031 W. Morse Blvd., Suite 160

City & State

City & State

Winter Park, FL

4. FEI Number **59-0729149**

Applied For

Not Applicable

Zip

Country

Zip

Country

32789

U.S.

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, PA
 1031 W. MORSE BLVD
 STE 160
 WINTER PARK FL 32789**

Name

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

City

FL

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

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, 2001 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 **T** ☐ Delete
 NAME **CARNS, CHARLES E JR.**
 STREET ADDRESS **324 W.GORE ST.**
 CITY-ST-ZIP **ORLANDO FL**

S ☐ Change ☒ Addition
 NAME **Baker, Timothy L.**
 STREET ADDRESS **324 W. Gore Street**
 CITY-ST-ZIP **Orlando, FL**

TITLE **PD** ☐ Delete
 NAME **MEARS JR,PAUL S**
 STREET ADDRESS **324 W GORE ST.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DCOB** ☐ Delete
 NAME **MEARS, PAUL S SR.**
 STREET ADDRESS **324 W. GORE STREET**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **SEARCY, ROBERT A.**
 STREET ADDRESS **324 W GORE ST.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **MEARS, JAMES L.**
 STREET ADDRESS **324 W. GORE ST.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **MEARS, JONATHAN P.**
 STREET ADDRESS **324 W. GORE ST.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ 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:

Timothy L. Baker

Timothy L. Baker 4/2/01

(407) 422-4561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)