

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90243 040 ***150.00

DOCUMENT # 558318

1. Entity Name
F. L. GELARO TRANSPORT SERVICE, INC.

Principal Place of Business

**1455 EASTPORT ROAD
 JACKSONVILLE FL 32218**

Mailing Address

**1455 EASTPORT ROAD
 JACKSONVILLE FL 32218**

2. Principal Place of Business

1455 Eastport Rd.

3. Mailing Address

P.O. Box 28008

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

City & State

Jacksonville, Fl.

4. FEI Number

59-1801340

Applied For

Not Applicable

Zip
32218

Country
U.S.

Zip
32226

Country
U.S.

5. Certificate of Status Desired

☒ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

GELARO III, THOMAS

**1469 EASTPORT ROAD
 JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST RODGERS, DEBORAH L. 15 HYATT LANE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GELARO III, THOMAS 1469 EASTPORT ROAD JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCIS LOUISE GELARO 15 HYATT LANE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB GELARO, EUGENE G. 15 HYATT LANE, LOT 15 JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOA GELARO, BRIAN 14044 HYATT ROAD JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Board of Directors Deborah Rodgers Gelaro 15 Hyatt Lane Jacksonville, Fl. 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V- President and Board of Directors Brian Gelaro 144041 Hyatt Road Jacksonville, Fl. 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer and Treasurer Bobbi Jo Whitson Gelaro 144041 Hyatt Road Jacksonville, Fl. 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of Board Francis Louise Gelaro 15 Hyatt Lane Jacksonville, Fl. 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Directors Walter Rogers 2764 Settlement Dr. Jacksonville, Fl. 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board of Directors John Heath 1075 McManus Road Hephziah, Georgia 30815	<input type="checkbox"/> Change <input checked="" 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: Deborah Gelaro, President 4/30/02 (904)-757-0662
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)