

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 675350

1. Entity Name

CENTURION TRANSPORTATION SYSTEMS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90063 025 ***150.00

Principal Place of Business

Mailing Address

2911 ST. CLAIR STREET
JACKSONVILLE FL 32205

2911 ST. CLAIR STREET
JACKSONVILLE FL 32254-1864

2. Principal Place of Business

3. Mailing Address

Suite, Apt # etc

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2040592

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

SHAHER, HAROLD A
2911 ST. CLAIR STREET
JACKSONVILLE FL 32205

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 fee if applicable

(NOTE: Registered Agent signature required when changing)

Date

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILED FEE IS \$150.00
After 2000 Fee will be \$550.00
Make Change 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 PD
NAME SHAHER, HAROLD A
STREET ADDRESS 3370 OLD KINGS RD.
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S
NAME SHAHER, VICKI
STREET ADDRESS 3370 OLD KINGS RD.
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

Harold A. Shafer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

CR05034 10/00