

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90143 026 ***150.00

DOCUMENT # F00000006679

1. Entity Name

ARISTOCRAT TRANSPORTATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**400 HERNDON AVENUE
ORLANDO FL 32803
US**

**P.O. BOX 520052
LONGWOOD FL 32752-0052**

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

59-3652558

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

**KLAYER, GARRETT
615 PRESTON ROAD
LONGWOOD FL 32750**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------------|-------------------------|--------------------------|---------------------------------|
| | PVST | | | |
| | KLAYER, GARRETT | 615 PRESTON ROAD | LONGWOOD FL 32750 | |
| | CD | | | |
| | KLAYER, GARRETT | 615 PRESTON ROAD | LONGWOOD FL 32750 | |
| | D | | | |
| | KLAYER, ANNE | 615 PRESTON ROAD | LONGWOOD FL 32750 | |
| | D | | | |
| | DONAGHY, TIFFANY | 121 CONE ROAD | ORMOND FL 32714 | |
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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:

Garrett Klayer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2002

Date

407 888-3446

Daytime Phone #

CR2E034 (9/01)