

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001483

1. Entity Name

TRANSIT ADS INCORPORATED

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90021 001 ***150.00

Principal Place of Business

Mailing Address

7621 FIRESTONE BLVD., #B-16
DOWNEY CA 90241

7621 FIRESTONE BLVD., #B-16
DOWNEY CA 90241-1489

2. Principal Place of Business

7144 Luxor

3. Mailing Address

P.O. Box 4489

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Downey, California

City & State

Downey, California

4. FEI Number

22-2849446

Applied For

Not Applicable

Zip 90241

Country
USA

Zip

90241-1489

Country
USA

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

FOLEY, DENNIS
4719 S.E. 19TH AVE.
GAINESVILLE FL 32641

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS FOLEY, DONALD
CITY-ST-ZIP 7621 FIRESTONE BLVD. #B-16
DOWNEY CA 90241

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7144 Luxor
CITY-ST-ZIP Downey, CA 90241

TITLE ☐ Delete
NAME S
STREET ADDRESS GRIFFIN, JANET
CITY-ST-ZIP 7621 FIRESTONE BLVD. #B-16
DOWNEY CA 90241

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7144 Luxor
CITY-ST-ZIP Downey, CA 90241

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Janet M. Griffin* Janet M. Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

562/806-7251

Date

Daytime Phone #