2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 SEP 17 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

193

DOCUMENT # F98000002110

1. Entity Name
FLORIDA DRIVERS, INC.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
4530 Wisconsin Ave., NW	4530 Wisconsin Ave., NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Washington, DC	City & State: Washington, DC
Zip: 20016 Country: USA	Zip: 20016 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-2091813 ☐ 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
Corporation Service Company 1201 Hays Street Tallahassee, FL 32301	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 $400.00
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	☐ Delete See attached list	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800004593238--3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ Vice President and Secretary 7/20/01 (202) 895-1200
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Appendix
2001 Uniform Business Report

Florida Drivers, Inc.

OFFICERS	NAME	BUSINESS ADDRESS	EXPIRATION OF TERM
President	Vincent A. Wolfington	4530 Wisconsin Ave. Washington, D.C. 20016	1
Secretary	Gary L. Kessler	4532 Wisconsin Ave. Washington, D.C. 20016	1
Treasurer	David H. Haedicke	4534 Wisconsin Ave. Washington, D.C. 20016	1

DIRECTORS

NAME	BUSINESS ADDRESS	EXPIRATION OF TERM
Vincent A. Wolfington	4539 Wisconsin Ave. Washington, D.C. 20016	2
Devin J. Murphy	4541 Wisconsin Ave. Washington, D.C. 20016	2
Jeffrey R. Larsen	717 Fifth Avenue 23rd Floor NY, NY 10028	2

Attachment 2

3/03

ACCOUNT NO. : 072100000032

REFERENCE : 474086 90818A

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 550

ORDER DATE : September 14, 2001

ORDER TIME : 4:37 PM

ORDER NO. : 474086-010

CUSTOMER NO: 90818A

CUSTOMER: Ms. Marjohn Heath
Carey International, Inc.
4530 Wisconsin Avenue, N.w.
Washington, DC 20016

ANNUAL REPORT FILING

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 SEP 17 AM 8:37

FOR ACKNOWLEDGE
TO ACKNOWLEDGE
INSUFFICIENCY OF FILING

NAME: FLORIDA DRIVERS, INC.

LIS
XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson - Ext. 1155

EXAMINER'S INITIALS: _____