

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G28792

1. Entity Name

ACCU-TRANS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90077 003 ***150.00

Principal Place of Business

Mailing Address

4419 BAYSHORE NE
 ST. PETERSBURG FL 33703
 US

P. O. BOX 7930
 ST. PETERSBURG FL 33734-7930
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2273357**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROWE, JAMES
 813 37TH AVENUE SOUTH
 ST. PETERSBURG FL 33905

Name Larry Halstead

Street Address (P.O. Box Number is Not Acceptable)

1950 1st Ave. N.

City St. Petersburg FL Zip Code 33713

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 D ☒ Delete
 NAME ROWE, JAMES
 STREET ADDRESS P. O. BOX 7930
 CITY-ST-ZIP ST. PETERSBURG FL 33734

TITLE Director ☐ Change ☒ Addition
 NAME Larry Halstead
 STREET ADDRESS P.O. Box 7930
 CITY-ST-ZIP St. Petersburg, FL 33734

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)