

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90204 005 \*\*\*150.00

**DOCUMENT # J01545**

1. Entity Name

**WHEELCHAIR TRANSPORTATION SERVICE OF VENICE, INC**

Principal Place of Business

131 E. VENICE AVE.  
P.O. BOX 235  
VENICE FL 34284-0235

Mailing Address

131 E. VENICE AVE.  
P.O. BOX 235  
VENICE FL 34284-0235

2. Principal Place of Business

233 Center Court  
Suite, Apt. #, etc.

3. Mailing Address

22093 Kimple Ave  
Suite, Apt. #, etc.  
PO Box 2444

City & State  
VENICE FL

City & State  
Port Charlotte FL

Zip  
34282

Country  
US

Zip  
33949

Country  
US

4. FEI Number **59-2644028**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCULLOUGH, MARY JEAN  
1115 GROVELAND AVE.  
VENICE FL 34292

7. Name and Address of New Registered Agent

Name **Michael J. Grant**

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

22093 Kimple Ave

City **Port Charlotte**

FL

Zip Code **33952**

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]* **Michael J. Grant**

**4-29-01**

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 \$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

TITLE **D** ☒ Delete  
NAME **MCCULLOUGH, WILLIS L**  
STREET ADDRESS **1115 GROVELAND AVE.**  
CITY-ST-ZIP **VENICE FL**

TITLE **DP** ☒ Delete  
NAME **MCCULLOUGH, MARY JEAN**  
STREET ADDRESS **1115 GROVELAND AVE.**  
CITY-ST-ZIP **VENICE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P D** ☒ Change ☒ Addition  
NAME **MICHAEL J. Grant**  
STREET ADDRESS **127 Creek Dr**  
CITY-ST-ZIP **Port Charlotte FL 33952**

TITLE **D** ☒ Change ☒ Addition  
NAME **COVRINE GRANT**  
STREET ADDRESS **127 Creek Dr**  
CITY-ST-ZIP **Port Charlotte FL 33952**

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

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

TITLE ☐ Change ☐ Addition  
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:

*[Signature]* **Michael J. Grant**

**4-29-01**

**941-743-3665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)