

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM  
Secretary of State

DOCUMENT # J42856

1. Entity Name  
TRANSPORTATION RESCUE CONSULTANTS, INC.

Principal Place of Business  
3702 MEADOWBROOK AVENUE  
ORLANDO FL 32808

Mailing Address  
3702 MEADOWBROOK AVENUE  
ORLANDO FL 32808

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2734168

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KIDD JOEL STEVEN  
1927 LOST PINE LN  
APOPKA FL 32712 US

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE 04/27/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | NAME | STREET ADDRESS         | CITY-ST-ZIP                           | <input type="checkbox"/> Delete |
|-------|------|------------------------|---------------------------------------|---------------------------------|
|       | VSD  | CZAJKOWSKI, JOHN DAVID | 3702 MEADOWBROOK AVENUE<br>ORLANDO FL | <input type="checkbox"/>        |
|       | DPT  | KIDD, JOEL STEVEN      | 1927 LOST PINE LN<br>APOPKA FL        | <input type="checkbox"/>        |
|       |      |                        |                                       | <input type="checkbox"/>        |
|       |      |                        |                                       | <input type="checkbox"/>        |
|       |      |                        |                                       | <input type="checkbox"/>        |
|       |      |                        |                                       | <input type="checkbox"/>        |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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: Joel Steven Kidd

DPT 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)