

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90112 049 \*\*\*150.00

0066557

**DOCUMENT # J92152**

1. Entity Name

**RED TOP TAXI OF ORLANDO, INC.**

Principal Place of Business

**324 W. GORE ST  
 ORLANDO FL 32806  
 US**

Mailing Address

**% SWANN, HADLEY & ALVAREZ, P.A.  
 1031 W. MORSE BLVD SUITE 270  
 WINTER PARK FL 32789  
 US**

**00050302**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**Swann & Hadley, P.A.**

Suite, Apt. #, etc.

**1031 W. Morse Blvd., Suite 160**

City & State

**Winter Park, FL**

Zip

**32789**

Country

**U.S.**

4. FEI Number

**59-2894779**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SWANN & HADLEY, P.A.  
 1031 W. MORSE BLVD  
 SUITE 160  
 WINTER PARK FL 32789**

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

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 **T** ☐ Delete  
 NAME **CARNS, CHARLES E. J**  
 STREET ADDRESS **324 W. GORE ST.**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **DP** ☐ Delete  
 NAME **MEARS, PAUL S., JR.**  
 STREET ADDRESS **324 W. GORE ST.**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **DV** ☐ Delete  
 NAME **MEARS, JAMES L.**  
 STREET ADDRESS **324 W. GORE ST.**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **ST** ☐ Delete  
 NAME **CARNS, CHARLES E., JR.**  
 STREET ADDRESS **324 W. GORE ST.**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **VP** ☐ Delete  
 NAME **SEARCY, ROBERT A.**  
 STREET ADDRESS **324 W. GORE ST.**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **S** ☐ Delete  
 NAME **BAKER, TIMOTHY L**  
 STREET ADDRESS **324 W. GORE ST.**  
 CITY-ST-ZIP **ORLANDO FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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 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:**

*Timothy Baker*

**Timothy L. Baker**

**4/2/01 (407)422-4561**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)