## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# K41754

Name:

Address:

City-St-Zip:

Entity Name: SPECIALIZED TRANSPORT OF TAMPA BAY, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** % BOBBY L. WEBB 5614 E. POWHATAN AVE. TAMPA, FL 33610 **New Mailing Address: Current Mailing Address:** 5614 E. POWHATAN AVENUE TAMPA, FL 33610 FEI Number: 59-2915972 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEBB, BOBBY L 5614 E POWHATAN AVENUE TAMPA, FL 33610 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition WEBB, BOBBY L., Name: Name: 5614 E POWHATAN AVENUE Address: Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: Title: Title: () Change () Addition () Delete Name: LARRY, LA MARCUS W., Name: 808 WINDSOR CT Address: Address: BRANDON, FL City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition CST ( ) Delete CST BROERS, TRACY L BROERS, TRACY L Name: Name: 4114 E. OAKARA ROAD 17307 ESTES ROAD Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: LUTZ, FL 33548 Title: () Delete Title: ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

BEENE, MARSHALL L

BRANDON, FL 33511

1505 GRAND ISLE DRIVE

SIGNATURE: BOBBY L. WEBB D 04/30/2002