2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) L22975

DOCUMENT# 1. Entity Name

CHECKER CAB COMPANY OF ORLANDO, INC.

| Principal Place of Business 324 W. GORE ST ORLANDO FL 32806 US | | Mailing Address 324 W. GORE ST ORLANDO FL 32806 US | | | 50011052 | | | |
|---|--|---|------------------|--|--|-----------------|--------------|-------------------|
| | Place of Business | 3. Mailing Address | | | | | | |
| 2. Trinopart face of business | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | | 4. FEI Number 59-301748 | 54-3117/48/1 H | | plied For . |
| Zip Country | | Zíp | Zip Country | | 5. Certificate of Status Desired | | .75 Add | |
| | 6. Name and Address of Curren | t Registered Agent | | | 7. Name and Address of New | | | |
| | | | | Name | | | | |
| SWANN, HADLEY & ALVAREZ; PA 1031 W. MORSE BLVD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SUITE 16 | | | | | | | | |
| | PARK FL 32789 | | City | | | FL | Zip Code | e |
| | e named entity submits this statement f | or the purpose of changi | ng its registere | ed office or registe | red agent, or both, in the State of | | liar with, | and accept |
| i i i i i i i i i i i i i i i i i i i | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable. | (NOTE: Registere | d Agent signature required | d when reinstating) | DATE | | |
| · F | FILE NOW!!! FEE IS \$150,00 | | | | | | | |
| Afte | r May 1, 2003 Fee will be \$550.00 | of State | | | 9. Election Campaign I Trust Fund Contribut | | | May Be to Fees |
| 10. | ke Check Payable to Florida Department of State OFFICERS AND DIRECTORS | | | | ADDITIONS/CHANGES TO O | FEICERS AND DIE | RECTORS | : |
| TITLE | PD | Delete | 11. | | ABBITIONS/OFFANGES TO OF | | Change | Addition |
| NAMĘ | MEARS, PAUL S JR | | NAM | _ | | | | _ } |
| STREET ADDRESS | 324 W GORE ST | | | ET ADDRESS | | | | \ |
| CITY-ST-ZIP | ORLANDO FL | | | -ST-ZIP | | | | |
| TITLE NAME | EV SEARCY, ROBERT A. | ☐ Delete | TITLE | } | | | Change | Addition |
| STREET ADDRESS | 324 W GORE ST | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL | | CITY | -ST-ZIP | | <u></u> | | } |
| TITLE | DV | ☐ Delete | TITLE | | | | Change | ☐ Addition |
| NAME STREET ADDRESS | MEARS, JONATHAN P. | الويسويسيد المورد | | ET ADDRESS | | • • | - | - |
| CITY-ST-ZIP | 324 W GORE ST ORLANDO FL | | | ST-ZIP | | | | |
| TITLE | DCOB | Delete | TITLE | | | | Change | Addition |
| NAME | MEARS, PAUL S., SR. | | NAME | 1 | | _ | · | _ |
| STREET ADDRESS | 324 W GORE ST | | | ET ADDRESS | | | | J |
| CITY-ST-ZIP | ORLANDO FL | | CITY- | ST-ZIP | | | | |
| TITLE | DV MEADS JAMES I | ☐ Delete | TITLE | | | | Change | ☐ Addition |
| NAME Street address | MEARS, JAMES L. 324 W GORE ST | | NAME STREE | ET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL | | • | ST-ZIP | | | | } |
| TITLE | CFO CFO | ☐ Delete | TITLE | Sec | cretary | | Change | ▼ Addition |
| NAME | BAKER, TIMOTHY L | | NAME | | = = = = 1 | - | - | \ |
| STREET ADDRESS | 324 W. GORE ST. | | | ET ADDRESS | | | | ĺ |
| ITY-ST-ZIP | l ORLANDO FI | | CITY- | ST-ZIP | | | | |

SIGNATUR

Timothy L. Baker

1/15/03

12. Thereby 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 of

407-254-0244

FILED

Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90168 048 ***150.00

Attachment L22975

Document # L22975

Entity Name: Checker Cab Company of Orlando, Inc.

Officers and Directors:

T Carns, Charles E. Jr. 324 W Gore Street Orlando, FL 32806