

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90199 028 ***158.75

DOCUMENT # L85344

1. Entity Name

SANIBEL-CAPTIVA AIRPORT SHUTTLE, INC.

Principal Place of Business

17305 PINE RIDGE RD #2
 FT MYERS BCH FL 33931
 US

Mailing Address

17305 PINE RIDGE RD #2
 FT MYERS BCH FL 33931
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number: **65-0361808**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GALLO, JOSEPH
17305 PINE RIDGE RD
FT MYERS FL 33931

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	S	<input type="checkbox"/> Delete
NAME	GALLO, JOSEPH	
STREET ADDRESS	17305 S PINE RIDGE RD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GALLO, NANCY	
STREET ADDRESS	17305 PINE RIDGE R	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLY, GENEVIEVE C	
STREET ADDRESS	3506 SW 14TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Joseph P. Gallo

3-12-01

941-466-7236

CR2E034 (10/00)

941-472-0007
800-566-0007

941-466-3236
800-395-9524



Airport Shuttle, Inc.

SERVING ALL YOUR TRANSPORTATION NEEDS
FOR ALL OF SOUTHWEST FLORIDA

6605952

7-3-01

Dear Sir,

IN CHECKING OUR RECORDS I COULD NOT FIND
THE CERTIFICATE OF STATUS WE REQUESTED WHEN
WE FILED THE UBR.

I CALLED YOUR OFFICE AND SPOKE TO ^ALADY NAMED
DEBRA AND SHE SAID SHE DID NOT SHOW THAT
YOU RECEIVED THE UBR and SAID I SHOULD MAIL
YOU THIS COPY WITH A NEW CHECK.

PLEASE CALL ME AT 800-395-9524 WHEN YOU
RECEIVE THIS.

Thank You

Joseph P. Gable