

2001 UNIFORM BUSINESS REPORT (UBR)

7/

FILED
Sep 10, 2001 8:00 am
Secretary of State

07-24-2001 90017 045 ****61.25

DOCUMENT # N00000004554

1. Entity Name

TWINKLE STAR TRANSPORTATION SERVICE INC.

Principal Place of Business

236 N AMELIA AVE
 DELAND FL

Mailing Address

P O BOX 1748
 DELAND FL 32721-1748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1724962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYAN, REGINALD
238 N AMELIA ST
DELAND FL 32721

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

Reginald R. Bryan

(NOTE: Registered Agent signature required when reinstating)

DATE

7/19/01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CO
 COLLINS, THADDEUS L
 P O BOX 1029
 DAYTONA BEACH FL 32115

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
 YOUNG, ERRICK
 977 HUGO CIRCLE
 DELTONA FL 32738

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
 ADAMS, DORIS
 380 S BOSTON AVE
 DELAND FL 32724

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
 FULLER, GLADYS
 650 E WALTS AVE
 DELAND FL 32724

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
 WARREN, DALE
 P O BOX 1748
 DELAND FL 32721-1748

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
 MCRAE, ELIZABETH
 P O BOX 1411
 DELAND FL 32721

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Reginald R. Bryan

Date

Daytime Phone #

CR2E037 (5/01)