

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 31, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000001013****1. Entity Name**
PRESBYTERIAN TRANSPORTATION SERVICES, INC.**Principal Place of Business**
601 SUNSET LANE
LUTZ FL 33549**Mailing Address**
601 SUNSET LANE
LUTZ FL 33549**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
59-3250684

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****TETLOW ALFRED J**
600 MADISON ST.
TAMPA FL 33602 US**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** **05/31/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MEARS TERRY			NAME			
STREET ADDRESS	18504 SUNWARD LAKE PLACE			STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MILLER DERIC			NAME			
STREET ADDRESS	526 NORTH HIGHVIEW CIR			STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33510			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOSELEY ED			NAME			
STREET ADDRESS	1825 KIM ACRES LANE			STREET ADDRESS			
CITY-ST-ZIP	DOVER FL 33527			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLINE MARK			NAME			
STREET ADDRESS	14632 LAKE MAGDALENE CIR			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33613			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DOYLE WAYNE			NAME			
STREET ADDRESS	502 RUNNING HORSE ROAD			STREET ADDRESS			
CITY-ST-ZIP	SEFFNER FL 33584			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARROLL MERLE			NAME			
STREET ADDRESS	1008 HASTINGS CT			STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549			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)(f), 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: MARK CLINE** **TD** **05/31/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)

JAMES BALLY DIRECTOR
18402 STERLING SILVER

LUTZ, FL 33549