

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90859 028 ****61.25

003447

DOCUMENT # N97000002298

1. Entity Name

PROFESSIONAL TRANSIT ASSOCIATION, INC.

Principal Place of Business

9673 SIBBALD RD
 JACKSONVILLE FL 32208

Mailing Address

9673 SIBBALD RD
 JACKSONVILLE FL 32208

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX, FLA

City & State

JAX, FLA

4. FEI Number

59-3520941

Applied For

Not Applicable

Zip *32208*

Country *USA*

Zip *32208*

Country *USA*

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, JAMES
5005 DALLAN LEA DR
JACKSONVILLE FL 32208

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 *JAMES RILEY*

Signature, typed or printed name of registered agent and title if applicable.

James Riley

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, JAMES	
STREET ADDRESS	5005 DALLAN LEA DR	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	T	<input type="checkbox"/> Delete
NAME	GADD, CHARLES	
STREET ADDRESS	3840 SPRINGFIELD BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, WALLACE	
STREET ADDRESS	2486 W 23RD ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	T	<input type="checkbox"/> Delete
NAME	GADD, CHARLES	
STREET ADDRESS	3840 SPRINGFIELD BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUNTER, AARON SR	
STREET ADDRESS	4153 KATANGA DR NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOHN, THEODORE	
STREET ADDRESS	6304 TURKNETT RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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: *Aaron Hunter SR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 2002

Date

(904) 924-7859

Daytime Phone #

CR2E037 (9/01)