

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90016 047 ***150.00

DOCUMENT # P00000061417

1. Entity Name

Seminole Transportation of Vero Beach, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

435 First St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 690187

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

59-3615169

Applied For

Not Applicable

Zip

Country

32969

Indian River

Zip

Country

32969

Indian River

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

McCusker, Daniel A.
222 mensh Avenue.
Sebastian, FL 32958

7. Name and Address of New Registered Agent

Name Julie McCusker

Street Address (P.O. Box Number is Not Acceptable)

222 mensh Avenue

City

Sebastian,

FL

Zip Code

32958

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

Julie McCusker

4/29/00

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, 2000 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 Officer-Principle ☐ Delete
NAME Julie McCusker
STREET ADDRESS P.O. Box 690187
CITY-ST-ZIP Vero Beach, FL 32969

TITLE Officer ☐ Delete
NAME Antonio Enrique Lopez-Colsa
STREET ADDRESS 999 Brickell Bay Dr # 310
CITY-ST-ZIP Miami, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Julie McCusker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

561-569-9494

Daytime Phone #

CR2E034 (9/99)