

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91314 006 ***150.00

0360442 AV

DOCUMENT # P00000008811

1. Entity Name
PRO2CALL TRANSPORTATION SERVICE, INC.

Principal Place of Business
300-B SUNSHINE RD
WEST PALM BEACH FL 33411

Mailing Address
300-B SUNSHINE RD
WEST PALM BEACH FL 33411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13619 49th St

3. Mailing Address
P.O. Box 19356

Suite, Apt. #, etc
Royal P

Suite, Apt. #, etc.
1

City & State
Royal Palm Bch, FL

City & State
West Palm Bch, FL

4. FEI Number **65-0972754**

Applied For
Not Applicable

Zip
33411

Country
Palm Bch

Zip
33416

Country
Palm Bch

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

SAMMS, PAULA
300-B SUNSHINE RD
WEST PALM BEACH FL 33411

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Delete**
NAME **SAMMS, NOEL W**
STREET ADDRESS **12619 49TH ST**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **SAMMS, NOEL W JR.**
STREET ADDRESS **13619 49th St**
CITY-ST-ZIP **R.P.B., FL 33411**

TITLE **VP** ☒ **Delete**
NAME **SAMMS, PAULA**
STREET ADDRESS **16144 E SECRETARIAL**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **VP** ☒ **Change** ☐ **Addition**
NAME **SAMMS, Paula**
STREET ADDRESS **P.O. Box 19356**
CITY-ST-ZIP **W.P.B., FL 33416**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **Addition**
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 **561-640-4242**
Date **Daytime Phone #**

CR2E034 (9/01)