2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
01-30-2001 90018 025 ***150.00

DOCUMENT # P00000016327

1. Entity Name
CHECKER CAB OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
~~11199 69TH STREET NORTH~~ ~~LARGO FL 33773~~	~~11199 69TH STREET NORTH~~ ~~LARGO FL 33773~~

2. Principal Place of Business	3. Mailing Address
3160 46th Ave	3160 46th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State St Petersburg	City & State St Petersburg
Zip FL Country 33714	Zip FL Country 33714

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3636951 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~LARSON, H. WILLIAM~~
~~11199 69TH STREET NORTH~~
~~LARGO FL 33773~~
Denise Kurmay
3160 46th Ave
St Petersburg, FL 33714

7. Name and Address of New Registered Agent

Name Denise Kurmay
Street Address (P.O. Box Number is Not Acceptable) 3160 46th Ave
City St Petersburg FL Zip Code 33714

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 Denise M. Kurmay 3/12/01
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KURMAY, DENISE	NAME	
STREET ADDRESS	3160 46TH AVE.NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: Denise M. Kurmay Denise M. Kurmay 1-20-00 727-541-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #