

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042551

1. Entity Name

THE TRANSIT LOUNGE, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90018 042 ***150.00

Principal Place of Business

110 FIARVIEW AVENUE
DAYTONA BEACH FL 32114

Mailing Address

110 FIARVIEW AVENUE
DAYTONA BEACH FL 32114

2. Principal Place of Business

260 BROOKLINE AVE.

3. Mailing Address

260 BROOKLINE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL.

City & State

DAYTONA BEACH, FL.

4. FEI Number

59-3641744

Applied For

Not Applicable

Zip

32118

Country

USA

Zip

32118

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDSBERRY, TODD
110 FIARVIEW AVENUE
DAYTONA BEACH FL 32114

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

TODD GOLDSBERRY

24 APRIL 2001

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GOLDSBERRY, TODD
110 FIARVIEW AVENUE
DAYTONA BEACH FL 32114

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

TODD GOLDSBERRY

24 APRIL 2001

Date

Daytime Phone #

CR2E034 (10/00)

0005657