

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90343 016 ***158.75

DOCUMENT # P00000051211

1. Entity Name
MIGHTY EAGLE TRANSPORT, INC.

Principal Place of Business

**91 CEDAR LANE
 BOYNTON BEACH FL 33436**

Mailing Address

**P.O. BOX 470822
 LAKE MONROE FL 32747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

418 ALEATHA DR

Suite, Apt. #, etc.

418 DAYTONA BEACH, FL

City & State

4. FEI Number

65-1010839

Applied For

Not Applicable

Zip

Country

Zip

Country

32114

FLORIDA

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

**VIDOT, HEATHER LEE
 1100 PLANTATION LAKES CIRCLE
 APT # 1306
 SANFORD FL 32771**

Name

ANTHONY VIDOT

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

418 ALEATHA DR

City

DAYTONA BEACH

FL

Zip Code

32114

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

Anthony Vidot

4-1-02

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	VIDOT, MONSERRATE JR	
STREET ADDRESS	761 WILSON BLVD.	
CITY-ST-ZIP	CENTRAL ISLIP NY 11722	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VIDOT, GLADYS	
STREET ADDRESS	761 WILSON BLVD.	
CITY-ST-ZIP	CENTRAL ISLIP NY 11722	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	VIDOT, HEATHER LEE	
STREET ADDRESS	1100 PLANTATION LAKES CIRCLE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADYS VIDOT	
STREET ADDRESS	761 WILSON BLVD	
CITY-ST-ZIP	CENTRAL ISLIP, NY 11722	
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		

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:

Monserate C. Vidot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02

Date

631-484-2368

Daytime Phone #

CR2E034 (9/01)