

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000057504

1. Corporation Name

TRANSAM COURIER, INC.

Principal Place of Business

1907 BAYWOOD DRIVE
SARASOTA FL 34231

Mailing Address

594 OAK BAY DRIVE
SARASOTA FL 34229

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1020588

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75-Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	BLAKE, RICK	5864 TIDEWOOD AVENUE	SARASOTA FL 34231
PD	MAY, MIKE	594 OAK BAY DRIVE	SARASOTA FL 34229

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAY, MIKE
594 OAK BAY DRIVE
SARASOTA FL 34229

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Richard A. Blake VD
REGISTERED AGENT MUST SIGN

Date 2-20-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Richard A. Blake VD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-20-03

Daytime Phone #

941-923-7502

CR2E040 (8/02)

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TRANSAM COURIER INC.
D.B.A. Sarasota courier
4563 MARIOTTI COURT
SARASOTA, FLORIDA 34233

FEBRUARY 20, 2003

TO WHOM IT MAY CONCERN,

WE DID NOT RECEIVE THE TWO PRIOR UNIFORM BUSINESS REPORT (ubr) NOTICES. ALL INFORMATION ON THE ENCLOSED REINSTATEMENT APPLICATION IS CORRECT.

VERY TRULY YOURS,

Richard A. Blake VD

RICHARD A. BLAKE VD
