

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90022 042 \*\*\*150.00

069606 AT

**DOCUMENT #** P00000071895  
**1. Entity Name**  
**YELLOW CAB OF PUTNAM COUNTY, INC.**

**Principal Place of Business** **Mailing Address**  
**103 EAGLE NEST CT** **P.O. BOX 1045**  
**E PALATKA FL 32131** **E PALATKA FL 32131**

**2. Principal Place of Business** **3. Mailing Address**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-3660863 **Applied For**  
 Not Applicable  
**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**  
**WELLBORN, CHARLES C** **Name**  
**103 EAGLE NEST CT** **Street Address (P.O. Box Number is Not Acceptable)**  
**E PALATKA FL 32131** **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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	D WELLBORN, CHARLES C 103 EAGLE NEST CT E PALATKA FL 32131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WELLBORN, CHARLES C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 EAGLE NEST CT E. PALATKA, FL 32131 PSDT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLBORN, MARILYN D 103 EAGLE NEST CT E PALATKA FL 32131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLBORN MARILYN D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 103 EAGLE NEST CT. E. PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WELLBORN, MARLISE D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 103 EAGLE NEST CT. E. PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GREEN, MARLENE D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 103 EAGLE NEST CT. E. PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ **2-20-02** **386-546-4999**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)