

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90643 040 \*\*\*150.00

**DOCUMENT # P00000071895**

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



**Principal Place of Business**  
**103 EAGLE NEST CT**  
**E PALATKA FL 32131**

**Mailing Address**  
**P.O. BOX 1045**  
**E PALATKA FL 32131**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-3660863**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**  
**103 EAGLE NEST CT**  
**E PALATKA FL 32131**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PSDT	<input type="checkbox"/> Delete
NAME	WELLBORN, CHARLES C	
STREET ADDRESS	103 EAGLE NEST CT	
CITY-ST-ZIP	E PALATKA FL 32131	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELLBORN, MARILYN D	
STREET ADDRESS	103 EAGLE NEST CT	
CITY-ST-ZIP	E PALATKA FL 32131	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WELLBORN, MARLISE D	
STREET ADDRESS	103 EAGLE NEST CT	
CITY-ST-ZIP	E PALATKA FL 32131	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GREEN, MARLENE D	
STREET ADDRESS	103 EAGLE NEST CT	
CITY-ST-ZIP	E PALATKA FL 32131	
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	<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	

**12. 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 10 or Block 11 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

**3-21-03**

Date

**386-546-8999**

Daytime Phone #

CR2E034 (10/02)