

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087083

1. Entity Name

W.C.X. TRANSPORTATION SERCVES INC

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90086 048 ***150.00

Principal Place of Business

Mailing Address

300 FRANDORSON CIRCLE STE 104
APOLLO BEACH FL 33572

300 FRANDORSON CIRCLE STE 104
APOLLO BEACH FL 33572

00000100

2. Principal Place of Business

3. Mailing Address

S. HILLSBOROUGH COMMERCE CENTER

300 FRANDORSON CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE #104

SUITE 104

City & State

City & State

APOLLO BEACH, FLORIDA

APOLLO BEACH, FLORIDA

Zip

Country

Zip

Country

33572

HILLSBOROUGH

33572

USA

4. FEI Number

59-3681599

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

FRYE, CARL
1019 NEW WINSOR LOOP
SUN CITY CENTER FL 33573

Name

ADAM FRYE

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

300 FRANDORSON CIRCLE, SUITE 104

City

APOLLO BEACH

FL

Zip Code

33572

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

Adam Frye

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-19-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRYE, ADAM 5807 LEGACY CRESENT PLACE RIVERVIEW FL 33569 <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	D FRYE, CARL 1019 NEW WINSOR LOOP SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

C daytime Phone #

CR2E034 (10/00)