

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90467 038 \*\*\*150.00

0030386 AV

**DOCUMENT # P01000034606**

1. Entity Name

**HEART & SOUL TRANSPORTATION SERVICES INC.**



Principal Place of Business

~~12841 Haverford Rd~~  
**JACKSONVILLE FL 32218**

Mailing Address

~~12841 Haverford Rd~~  
**JACKSONVILLE FL 32218**

2. Principal Place of Business

**12841 Haverford Rd**

3. Mailing Address

**12841 Haverford Rd. ~~1000~~**

Suite, Apt. #, etc.

**W-Apt # 2**

Suite, Apt. #, etc.

**W-Apt # 2**

City & State

**Jacksonville, FL**

City & State

**Jacksonville FL**

Zip

**32218**

Country

**DUVAL**

Zip

**32218**

Country

**DUVAL**

4. FEI Number

**59-3723668**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WALKER, ANTHONY**

~~12841 Haverford Rd~~ **12841 Haverford Rd W-Apt #2**

**JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

Name

**Anthony WALKER**

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

**12841 Haverford Rd W-Apt #2**

City

**Jacksonville**

FL

Zip Code

**32218**

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

TITLE ☐ Delete

**DPS**  
**WALKER, ANTHONY**  
~~12841 Haverford Rd~~  
**JACKSONVILLE FL 32218**

TITLE ☒ Delete

~~**DPT**~~  
~~**WALKER, AURORA**~~  
~~**10224 Haverford Rd**~~  
~~**JACKSONVILLE FL 32218**~~

TITLE ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ Delete

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**CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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TITLE ☐ Change ☐ Addition

**TITLE**  
**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:

**Anthony L. Walker**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(OWNER) Anthony L. Walker 904-751-1040**  
Date Daytime Phone #

CR2E034 (10/02)