

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90134 032 \*\*\*150.00

**DOCUMENT #** P01000044501

**1. Entity Name**  
PRICE TRANSPORT, INC.



**Principal Place of Business**  
2414 TULANE DRIVE  
COCOA FL 32926-5744

**Mailing Address**  
2414 TULANE DRIVE  
COCOA FL 32926-5744

**2. Principal Place of Business**

1616 Cocoa Bay Blvd.  
Suite, Apt. #, etc.

**3. Mailing Address**

1616 Cocoa Bay Blvd.  
Suite, Apt. #, etc.

**City & State**

Cocoa, FL

**City & State**

Cocoa, FL

**Zip**

32926

**Country**

BREVARD

**Zip**

32926

**Country**

BREVARD

**4. FEI Number**

31-1770778

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PRICE, ANTHONY  
2414 TULANE DRIVE  
COCOA FL 32926-5744

**7. Name and Address of New Registered Agent**

Name PRICE, ANTHONY  
Street Address (P.O. Box Number is Not Acceptable)  
1616 Cocoa Bay Blvd.

City Cocoa FL Zip Code 32926

**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** *Anthony T Price Jr*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/25/03  
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**

<b>TITLE</b> D <b>NAME</b> PRICE, ANTHONY <b>STREET ADDRESS</b> 2414 TULANE DRIVE <b>CITY-ST-ZIP</b> COCOA FL 32926-5744	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> PRICE, ANTHONY <b>STREET ADDRESS</b> 1616 Cocoa Bay Blvd. <b>CITY-ST-ZIP</b> COCOA, FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> PRICE, BETTY <b>STREET ADDRESS</b> 2414 TULANE DRIVE <b>CITY-ST-ZIP</b> COCOA FL 32926-5744	<input type="checkbox"/> Delete	<b>TITLE</b> D/T <b>NAME</b> PRICE, BETTY <b>STREET ADDRESS</b> 1616 Cocoa Bay Blvd. <b>CITY-ST-ZIP</b> COCOA, FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> PRICE, TONY <b>STREET ADDRESS</b> 2414 TULANE DRIVE <b>CITY-ST-ZIP</b> COCOA FL 32926-5744	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> PRICE, TONY <b>STREET ADDRESS</b> 1616 Cocoa Bay Blvd. <b>CITY-ST-ZIP</b> COCOA, FL 32926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> D/S <b>NAME</b> PRICE, ROBIN <b>STREET ADDRESS</b> 1616 Cocoa Bay Blvd. <b>CITY-ST-ZIP</b> COCOA, FL 32926	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *BETTY A. PRICE* 2/25/03 (321) 631-2340  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)