

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90758 004 ***150.00

0018646 AV

DOCUMENT # P01000100705

1. Entity Name

FIRST CLASS TAXI & TRANSPORTATION, CO.



Principal Place of Business

~~105 N ORANGE STREET~~

~~NEW SMYRNA BEACH FL 32168~~

2333 S. RIDGEWOOD AV
EDGEWATER, FL 32141

Mailing Address

1205 WAYNE AVE

NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

2333 S. RIDGEWOOD AV

3. Mailing Address

Suite, Apt. #, etc.

Suite 3

City & State

EDGEWATER FL

Zip
32141

Country
USA

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3749205

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

STUDER, BEVERLY J

1205 WAYNE AVE

NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
STUDER, BEVERLY J
1205 WAYNE AVE
NEW SMYRNA BEACH FL 32168

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
STUDER, FREDERICK
1205 WAYNE AVE
NEW SMYRNA BEACH FL 32168

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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:

Frederick Studer **FREEDERICK STUDER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

(386) 424-9611

Date

Daytime Phone #

CR2E034 (10/02)