

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90066 007 \*\*\*150.00

**DOCUMENT # P01000101164**

1. Entity Name

**A ONE CAPITAL TRANSPORT INC**

Principal Place of Business

**4433 BASS STREET  
TAMPA FL 33617**

Mailing Address

**4433 BASS STREET  
TAMPA FL 33617**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

**P O Box 291744**

Suite, Apt. #, etc.

**Tampa Florida**

**33687**

4. FEI Number

**593748743**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**NEWMAN, ROBERT F  
4433 BASS STREET  
TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name

**Same**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE **P** ☐ Delete  
NAME **NEWMAN, ROBERT F**  
STREET ADDRESS **4433 BASS STREET**  
CITY- ST- ZIP **TAMPA FL 33617**

TITLE ☐ Delete  
NAME **Ø**  
STREET ADDRESS **Ø**  
CITY- ST- ZIP **Ø**

TITLE ☐ Delete  
NAME **Ø**  
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CITY- ST- ZIP **Ø**

TITLE ☐ Delete  
NAME **Ø**  
STREET ADDRESS **Ø**  
CITY- ST- ZIP **Ø**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **NONE**  
STREET ADDRESS **NONE**  
CITY- ST- ZIP **NONE**

TITLE ☐ Change ☐ Addition  
NAME **Ø**  
STREET ADDRESS **Ø**  
CITY- ST- ZIP **Ø**

TITLE ☐ Change ☐ Addition  
NAME **Ø**  
STREET ADDRESS **Ø**  
CITY- ST- ZIP **Ø**

TITLE ☐ Change ☐ Addition  
NAME **Ø**  
STREET ADDRESS **Ø**  
CITY- ST- ZIP **Ø**

TITLE ☐ Change ☐ Addition  
NAME **Ø**  
STREET ADDRESS **Ø**  
CITY- ST- ZIP **Ø**

TITLE ☐ Change ☐ Addition  
NAME **Ø**  
STREET ADDRESS **Ø**  
CITY- ST- ZIP **Ø**

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:

**Robert F. Newman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/02**

Date

**813-781-3888**

Office Phone

CR2E034 (9/01)