

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *PD 20000 20382*

1. Entity Name

GERHARD'S City TAXI Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 28 PM 3:21

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

313 Williams St Suite 9

3. Mailing Address

P.O. BOX 20014

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

83

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

32303 Leon

Zip

Country

32316 Leon

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gerhard Hofbauer

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

313 Williams St. Suite 9

City

Tallahassee

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *President*
NAME *GERHARD HOFBAUER*
STREET ADDRESS *313 Williams St. Suite 9*
CITY-ST-ZIP *Tallahassee FL 32303*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700012321597
*02/11/03--01083--001 **158.75*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerhard Hofbauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-03

Date

562-4222

Daytime Phone #

CR2E034B (12/01)