

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90249 040 \*\*\*150.00

**DOCUMENT # P02000057857**

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



Principal Place of Business  
**8902 BRELAND DRIVE  
TAMPA FL 33626**

Mailing Address  
**8902 BRELAND DRIVE  
TAMPA FL 33626**



2. Principal Place of Business  
**8902 BRELAND DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**8902 BRELAND DR**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

4. FEI Number  
**030454502**

☒ Applied For  
☐ Not Applicable

Zip Country  
**33626 USA**

Zip Country  
**33626 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUTIERREZ, MANUEL  
8902 BRELAND DRIVE  
TAMPA FL 33626**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
FRINETTE CORREA  
8902 BRELAND DR  
TPA, FL 33626** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE-PRESIDENT  
MANUEL GUTIERREZ  
8902 BRELAND DR.  
TPA, FL 33626** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
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☐ Change ☐ Addition

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: MANUEL GUTIERREZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/10/03 (813) 355-1994**  
Date Daytime Phone #

CR2E034 (10/02)