


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90394 002 \*\*\*150.00

<b>DOCUMENT #</b> P02000060662	
1. Entity Name <b>DIPLOMAT AIRPORT TRANSPORTATION, INC.</b>	

33043101

Principal Place of Business <b>850 SOUTH TAMiami TRAIL UNIT 427 SARASOTA FL 34236</b>	Mailing Address <b>850 SOUTH TAMiami TRAIL UNIT 427 SARASOTA FL 34236</b>
--	--



2. Principal Place of Business Suite, Apt. #, etc. <b>2616 49TH ST</b> City & State <b>SARASOTA FL</b> Zip <b>34234</b> Country <b>USA</b>	3. Mailing Address Suite, Apt. #, etc. <b>2616 49TH ST</b> City & State <b>SARASOTA FL</b> Zip <b>34234</b> Country <b>USA</b>
---	---

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>02-0611853</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>MAZSA, DEZSO 850 SOUTH TAMiami TRAIL UNIT 427 SARASOTA FL 34236</b>		7. Name and Address of New Registered Agent Name <b>DEZSO MAZSA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2616 49TH ST</b> City <b>SARASOTA FL</b> Zip Code <b>34234</b>

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 \_\_\_\_\_ (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	<b>D MAZSA, DEZSO 850 SOUTH TAMiami TRAIL, UNIT 427 SARASOTA FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAZSA, DEZSO 2616 49TH ST SARASOTA FL 34234</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** SIGNATURE REQUIRED **DEZSO MAZSA** **062903** **941 780 9911**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)