

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000016763**

1. Entity Name

CARIBBEAN INTERNATIONAL TRANSPORTATION AND CONSO**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90098 008 ***158.75

Principal Place of Business

**5440 W. 5TH STREET
JACKSONVILLE FL 32254**

Mailing Address

**5440 W. 5TH STREET
JACKSONVILLE FL 32254-1624**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3197250**

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****SHEPHERD, FOSTER H.
4928 ORTEGA FOREST DRIVE
JACKSONVILLE FL 32210****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.

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, 2000 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 ☐ Delete**P
SHEPHERD, FOSTER H.,
4928 ORTEGA FOREST DR.
JACKSONVILLE FL 32210**TITLE ☐ Delete**V
TAYLOR, NORRIS E,
1404 RIVERGATE DR.
JACKSONVILLE FL 32223**TITLE ☐ Delete**D
ZELL, CARLY
427 W. WESLEY AVE.
SEA ISLAND GA 31561**TITLE ☐ Delete**ST
MILLER, CHARLES,
306 WYMBERLY RD
ST. SIMONS ISLAND GA**TITLE ☐ Delete**V
WILL HIGHTOWER,
STAR RT 3 BX 1463A
SATSUMA FL 32189**TITLE ☐ Delete**O
SHEPHERD, JOHN
5778 FT SUMPTER RD
JAX FL****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition**O
Donald Zell
8604 SAN SERVEVA DR W
JACKSONVILLE FL 32217**TITLE ☒ Change ☐ Addition**3436 Islander Way
JACKSONVILLE FL 32223**TITLE ☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ Change ☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-00