

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016763

1. Entity Name

CARIBBEAN INTERNATIONAL TRANSPORTATION AND CONSO

Principal Place of Business

5440 W. 5TH STREET
JACKSONVILLE FL 32254

Mailing Address

5440 W. 5TH STREET
JACKSONVILLE FL 32254

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3197250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2001 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
NAME SHEPHERD, FOSTER H. ☐ Delete
STREET ADDRESS 4928 ORTEGA FOREST DR.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE V
NAME TAYLOR, NORRIS E. ☐ Delete
STREET ADDRESS 3436 ISLANDER WAY
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE D
NAME ZELL, CARLY ☐ Delete
STREET ADDRESS 427 W. WESLEY AVE.
CITY-ST-ZIP SEA ISLAND GA 31561

TITLE ST
NAME MILLER, CHARLES. ☐ Delete
STREET ADDRESS 306 WYMBERLY RD
CITY-ST-ZIP ST. SIMONS ISLAND GA

TITLE V
NAME WILL HIGHTOWER, ☐ Delete
STREET ADDRESS STAR RT 3 BX 1463A
CITY-ST-ZIP SATSUMA FL 32189

TITLE O
NAME SHEPHERD, JOHN ☐ Delete
STREET ADDRESS 5778 FT SUMPTER RD
CITY-ST-ZIP JAX FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DONALD ZELL ☐ Change ☒ Addition
NAME 8604 SAN SERVERA DR. W
STREET ADDRESS JACKSONVILLE FL 32217
CITY-ST-ZIP

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

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

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

TITLE ☒ Change ☐ Addition
NAME 102 Magnolia Trail
STREET ADDRESS SATUMA FL 32189
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: Foster H Shepherd President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-01 9047860811

Date

Daytime Phone #

0021987

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE