

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90009 012 ***150.00

0035612 AV

DOCUMENT # P93000016763

1. Entity Name

**CARIBBEAN INTERNATIONAL TRANSPORTATION AND CONSO
LIDATION COMPANY, INC.**

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

7. Name and Address of New Registered Agent

SHEPHERD, FOSTER H.

4928 ORTEGA FOREST DRIVE

JACKSONVILLE FL 32210

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☒ Addition
NAME **HAROLD ZELL**
STREET ADDRESS **101 WORTHING ROAD**
CITY-ST-ZIP **ST SIMONS ISLAND GA 31522**

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

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

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

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

TITLE ☒ Delete
NAME **WILL, HIGHTOWER,**
STREET ADDRESS **102 MAGNOLIA TRAIL**
CITY-ST-ZIP **SATSUMA FL 32189**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)