

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90196 030 ***150.00

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1. Entity Name
CARIBBEAN INTERNATIONAL TRANSPORTATION AND CONSOLIDATION 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

4. FEI Number **59-3197250**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. 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	P	<input type="checkbox"/> Delete
NAME	SHEPHERD, FOSTER H.	
STREET ADDRESS	4928 ORTEGA FOREST DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, NORRIS E.	
STREET ADDRESS	3436 ISLANDER WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZELL, CARLY	
STREET ADDRESS	427 W. WESLEY AVE.	
CITY-ST-ZIP	SEA ISLAND GA 31561	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MILLER, CHARLES.	
STREET ADDRESS	306 WYMBERLY RD	
CITY-ST-ZIP	ST. SIMONS ISLAND GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZELL, DONALD	
STREET ADDRESS	8604 SAN SERVERA DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	SHEPHERD, JOHN	
STREET ADDRESS	5778 FT SUMPTER RD	
CITY-ST-ZIP	JAX FL	

TITLE	Director/Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Zell	
STREET ADDRESS	101 Worthing Road	
CITY-ST-ZIP	St Simons Island GA 31522	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Zell	
STREET ADDRESS	2225 Climbing Ivy Drive	
CITY-ST-ZIP	Tampa FL 33618	
TITLE	Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Glass	
STREET ADDRESS	118 Cypress Run Drive	
CITY-ST-ZIP	Brunswick GA 31520	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03

Date

912 996-0338

Daytime Phone #

CR2E034 (10/02)