

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034934

1. Entity Name
ELEPHANT TRANSPORT, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90234 027 ***150.00

Principal Place of Business

Mailing Address

443 CASTLE DRIVE
NAPLES FL 34119
US

443 CASTLE DRIVE
NAPLES FL 34119-2901
US

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 65-0446750

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

MAST, CHRISTOPHER E
1250 NORTH TAMiami TRAIL, SUITE 211
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name JACK Schloss
Street Address (P.O. Box Number is Not Acceptable)
443 CASTLE DRIVE
City Naples FL Zip Code 34119

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 Jack Schloss

1-12-2000

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 D
NAME SCHLOSS, JACK M
STREET ADDRESS 443 CASTLE DRIVE
CITY-ST-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Michael Schloss
NAME
STREET ADDRESS 4431 19th PLACE SW
CITY-ST-ZIP Naples FL 34116

TITLE MD
NAME JOHN CASTLE
STREET ADDRESS 2911 6th AVE S.E.
CITY-ST-ZIP Naples FL 34117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

NOTAR PUBLIC REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

Date

941-455-2692

Daytime Phone #

CR2E034 (9/99)