

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90049 029 ***150.00

DOCUMENT # P93000058616

1. Entity Name

CAPE CORAL TRANSPORTATION, INC.

Principal Place of Business

**4705 VINCENNES BLVD.
UNIT #3
CAPE CORAL FL 33904**

Mailing Address

**P O BOX 100689
CAPE CORAL FL 33910
US**

00000112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3822 SW. 5th Pl.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL.

City & State

4. FEI Number

65-0429446

Applied For

Not Applicable

Zip

33914

Country

USA

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

**SIRBAUGH, JERRY L.
3822 S.W. 5TH PLACE
CAPE CORAL FL 33914**

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 **JERRY L. SIRBAUGH / PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-019. 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 State10. 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 **DP** ☐ Delete
NAME **SIRBAUGH, JERRY L**
STREET ADDRESS **3822 S.W. 5TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33914**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☒ Delete
NAME **CRUM, ROBERT W**
STREET ADDRESS **127 HICKORY CREEK BLVD.**
CITY-ST-ZIP **BRANDON FL 33511**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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

JERRY L. SIRBAUGH

Date

4/13/01

Daytime Phone #

941-549-6685

CR2E034 (10/00)