

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90192 029 \*\*\*158.75

0507896 AV

**DOCUMENT # P93000072869**

1. Entity Name  
**CHELSEA TRANSPORT INC.**



Principal Place of Business  
~~P. O. BOX 1477~~  
**HAINES CITY FL 33847**  
**US**

Mailing Address  
**P. O. BOX 1477**  
**HAINES CITY FL 33847**  
**US**



2. Principal Place of Business

**150 W. State Rd 916**  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Lake Hamilton FL**

City & State

Zip

Country

**33851**

**FL**

**Polk**

4. FEI Number **59-3206457**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PEARCE, PATTY**  
**150 SR 546 W**  
**LAKE HAMILTON FL 33851**

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. 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

**4-11-03**

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEARCE, KEVIN E	
STREET ADDRESS	2512 CREST DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PEARCE, WARREN E	
STREET ADDRESS	2512 CREST DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEARCE, PATTY J	
STREET ADDRESS	2512 CREST DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, KEVIN E.	
STREET ADDRESS	PO BOX 1477	
CITY-ST-ZIP	HAINES CITY, FL 33845	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARCE, SUZAN H.	
STREET ADDRESS	PO BOX 1477	
CITY-ST-ZIP	HAINES CITY, FL 33845	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, PATTY J	
STREET ADDRESS	PO BOX 1477	
CITY-ST-ZIP	HAINES CITY, FL 33845	
TITLE		<input 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		
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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-03**

Date

**863-439-7691**

Daytime Phone #

CR2E034 (10/02)