

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082131

1. Entity Name

MEGATRANS INTERNATIONAL, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90935 038 ***150.00

Principal Place of Business

Mailing Address

5600 AIRPORT BLVD C
TAMPA FL 33634
US

PO BOX 15888
TAMPA FL 33684-5888
US

2. Principal Place of Business

3. Mailing Address

5505 JOHNS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

710-711

City & State

City & State

TAMPA FL

Zip 33634

Country USA

Zip

Country

4. FEI Number

65-0451496

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

CONETTA, TAMIE ALAN COSSMAN
1245 COURT STREET
SUITE 102
CLEARWATER FL 34616

Name

WILLIAM J. DONOVAN

Street Address

16126 OFFENHAUR ROAD

City

ODESSA

FL

Zip Code 33556

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

William J. Donovan - Pres 4/13/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DONOVAN, WILLIAM J
STREET ADDRESS 16120 VANDERBILT DR.
CITY-ST-ZIP ODESSA FL 33556

TITLE ☒ Change ☐ Addition
NAME Donovan, William J
STREET ADDRESS 16526 Offenhaur Road
CITY-ST-ZIP ODESSA, FL 33556

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

4/13/00

CR2E034 (9/99)