

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061414

1. Entity Name

ROSS TRANSPORT, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90198 045 ***150.00

Principal Place of Business

Mailing Address

1716 WEST COLONIAL DRIVE
ORLANDO FL 32804

1716 WEST COLONIAL DRIVE
ORLANDO FL 32804-7010

2. Principal Place of Business

631 U.S. HIGHWAY ONE

3. Mailing Address

631 U.S. HIGHWAY ONE

Suite, Apt. #, etc.

SUITE 301

Suite, Apt. #, etc.

SUITE 301

City & State

NORTH PALM BEACH, FL

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

FLORIDA

Zip

33408

Country

FLORIDA

6. Name and Address of Current Registered Agent

MICHAEL S SINGER

701 NORTHOINT PARKWAY #330

SUITE 402

WEST PALM BEACH FL 33407

4. FEI Number

59-3264334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

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 NAME STREET ADDRESS CITY-ST-ZIP | D ROSEN, GREGG M. 631 U.S. HWY 1 STE. 301 NORTH PALM BEACH FL 32408 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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

4/7/00

Date

561-844-6900

Daytime Phone #

CR2E034 (9/99)