

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000075780**

1. Entity Name  
**NIGERIA TAXI COMPANY, INC.**



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90965 020 \*\*\*150.00

0045049 AV

Principal Place of Business  
**729 WEST BREVARD  
SUITE D  
TALLAHASSEE FL 32304**

Mailing Address  
**729 WEST BREVARD  
SUITE D  
TALLAHASSEE FL 32304**



2. Principal Place of Business  
**640 PALM BEACH ST**

3. Mailing Address  
**640 PALM BEACH ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**TALLAHASSEE FL**

City & State  
**TALLAHASSEE, FL 32301**

4. FEI Number  
**59-3277394**

Applied For  
☐ Not Applicable

Zip  
**32301**

Country  
**LEON**

Zip  
**32301**

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

**HANDSFORD, HARRY  
729 WEST BREVARD  
SUITE D  
TALLAHASSEE FL 32304**

Name  
**Harry Handsford**  
Street Address Box Number is Not Acceptable  
**640 PALM BEACH STREET**  
City  
**TALLAHASSEE FL 32301**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**D**  
NAME  
**HANDSFORD, HARRY**  
STREET ADDRESS  
**729 WEST BREVARD, SUITE D**  
CITY-ST-ZIP  
**TALLAHASSEE FL 32304**

TITLE  
**CEO**  
NAME  
**NIGERIA TAXI COMPANY INC**  
STREET ADDRESS  
**640 PALM BEACH**  
CITY-ST-ZIP  
**TALLAHASSEE, FL 32301**

TITLE  
**D**  
NAME  
**HANDSFORD, FANNIE D**  
STREET ADDRESS  
**231 RUSS ST.**  
CITY-ST-ZIP  
**BAINBRIDGE GA 31717**

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

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☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)