

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076568

1. Entity Name
ED'S TRANSPORT OF OCOEE, INC.

Principal Place of Business

553 ROPER PARKWAY
OCOEE FL 34761

Mailing Address

553 ROPER PARKWAY
OCOEE FL 34761

2. Principal Place of Business

3. Mailing Address

P.O. Box 610710

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCOEE FL

Zip

Zip

34761

Country

4. FEI Number

65-0529420

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

NEWMAN, PAMELA F
553 ROPER PARKWAY
OCOEE FL 34761

Name

LAWRENCE M. WEIMER

Street Address (P.O. Box Number is Not Acceptable)

4420 CHINABERRY DR.

City

ORLANDO

FL

Zip Code

32808

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 LAWRENCE M. WEIMER

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, 2002 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 D
NAME NEWMAN, PAMELA F
STREET ADDRESS 553 ROPER PARKWAY
CITY-ST-ZIP OCOEE FL 34761TITLE D
NAME LAWRENCE M. WEIMER
STREET ADDRESS 4420 CHINABERRY DR.
CITY-ST-ZIP ORLANDO FL. 32808TITLE D
NAME NEWMAN, EDWARD J
STREET ADDRESS 2315 S LAKESHORE DR
CITY-ST-ZIP CLERMONT FL 34711TITLE D
NAME NANCY L. WEIMER
STREET ADDRESS 4420 CHINABERRY DR.
CITY-ST-ZIP ORLANDO FL. 32808TITLE D
NAME NEWMAN, CHAD Z
STREET ADDRESS 2315 S LAKESHORE DR
CITY-ST-ZIP CLERMONT FL 34711TITLE D
NAME LAWRENCE M. WEIMER II
STREET ADDRESS 4420 chinaberry DR.
CITY-ST-ZIP ORLANDO FL. 32808TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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: LAWRENCE M. WEIMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 407-877-0723

Daytime Phone #

05/27/02
AVFILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90725 010 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)