

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90725 010 ***158.75

05/74 AV

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

Country

Zip

Country

34761

4. FEI Number **65-0529420**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**NEWMAN, PAMELA F
553 ROPER PARKWAY
OCOEE FL 34761**

7. Name and Address of New Registered Agent

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, PAMELA F	
STREET ADDRESS	553 ROPER PARKWAY	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, EDWARD J	
STREET ADDRESS	2315 S LAKESHORE DR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, CHAD Z	
STREET ADDRESS	2315 S LAKESHORE DR	
CITY-ST-ZIP	CLERMONT FL 34711	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE M. WEIMER	
STREET ADDRESS	4420 CHINABERRY DR.	
CITY-ST-ZIP	ORLANDO FL. 32808	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY L. WEIMER	
STREET ADDRESS	4420 CHINABERRY DR.	
CITY-ST-ZIP	ORLANDO FL. 32808	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE M. WEIMER II	
STREET ADDRESS	4420 chinaberry DR.	
CITY-ST-ZIP	ORLANDO FL. 32808	
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		

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

Date

Daytime Phone #

CR2E034 (9/01)