2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # P94000077025 Mar 31, 2000 8:00 am **Secretary of State** CHECKER CAB OF COLLIER COUNTY, INC. 03-31-2000 90086 040 ***150.00 Mailing Address Principal Place of Business 3942 ARNOLD AVE 4001 SANTA BARBARA SUITE B SHITE 133 NAPLES FL 34104-8808 NAPLES FL 34104 2. Principal Place of Business 3, Mailing Address 5057 Tamiami Trail E 5057 Tarriani Trail E Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0577626 Florida naoles Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOUGHERTY, JOHN 2068 51ST ST SW NAPLES FL 33999 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP Change ☐ Addition TITLE Delete TITLE DOUGHERTY, JOHN NAME NAME 449 Forest Hills Blud STREET ADDRESS -2068-51ST ST SW STREET ADDRESS Naples, FL 34113 CITY-ST-ZIP CITY-ST-ZIP NAPLES Pt. Change Addition ☐ Delete TITLE TITLE DOUGHERTY, EVA W. NAME 449 Forest Hills Blud-Napics, FL 34113 2068-51ST STREET, SW STREET ADDRESS STREET ADDRESS CITY-ST-2(P NAPLES FL 34104 CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP 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