

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90018 028 ***150.00

DOCUMENT # P94000084218

1. Entity Name

FAWCETT TRANSPORTATION INC.

Principal Place of Business

Mailing Address

140 JUPITER STREET
 JUPITER FL 33459
 US

~~P.O. BOX 3179~~
~~TEQUESTA FL 33469-1002~~
~~US~~

2. Principal Place of Business

3. Mailing Address

140 Jupiter Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, FL

4. FEI Number

65-0538842

Applied For

Not Applicable

Zip

Country

33458

Country

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAWCETT, JOHN S
 330 COUNTRY CLUB DRIVE
 TEQUESTA FL 33469

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FAWCETT, JOHN S		NAME:	
STREET ADDRESS: 330 COUNTRY CLUB DRIVE		STREET ADDRESS:	
CITY-ST-ZIP: TEQUESTA FL 33469		CITY-ST-ZIP:	
NAME: FAWCETT, MICHELLE M		NAME:	
STREET ADDRESS: 330 COUNTRY CLUB DRIVE		STREET ADDRESS:	
CITY-ST-ZIP: TEQUESTA FL 33469		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John S. Fawcett

JOHN S. FAWCETT

4/24/00 (561) 748-3360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)