

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030230

1. Entity Name

CLIENT TRANSPORT INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90134 001 \*\*\*150.00

Principal Place of Business

Mailing Address

122 E. DONEGAN AVENUE  
FL 32744

722 E. DONEGAN AVENUE  
KISSIMMEE FL 34744-1939

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

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

LAMB, RICHARD L  
1432 21ST STREET  
(P.O. BOX 6704)  
VERO BEACH FL 32961-6704

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

TITLE PS ☐ Delete  
NAME PATRICK, PHILLIP  
STREET ADDRESS 5063 MARINA DR  
CITY-ST-ZIP ST CLOUD FL 34771

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

TITLE VT ☐ Delete  
NAME MANNS, CASEY  
STREET ADDRESS 2227 S CONWAY RD #1209  
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Change ☒ Addition  
NAME President / Sec / Director  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Casey Manns

Date

Daytime Phone

407-847-2222

CR2E034 (9/99)