

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057140

1. Entity Name

P. AND F. TRANSPORTATION INC

Principal Place of Business

2023 N. ATLANTIC AVENUE
103
COCOA BEACH FL 32931

Mailing Address

2023 N. ATLANTIC AVENUE
403
COCOA BEACH FL 32931-5096

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 22-3402170

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

LANG, FRANK H
2023 NORTH ATLANTIC AVENUE
SUITE 403
COCOA BEACH FL 32931

Name

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

City

FL

Zip Code

I. 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

1. OFFICERS AND DIRECTORS

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
LANG, FRANK H
2023 N. ATLANTIC AVENUE, 403
COCOA BEACH FL 32931 ☐ Delete

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LANG, PEARL J
2023 N. ATLANTIC AVENUE, 403
COCOA BEACH FL 32931 ☐ Delete

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
DOP
LANG, TERRANCE J
2023 N. ATLANTIC AVENUE, 403
COCOA BEACH FL 32931 ☐ Delete

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600035785-438 ☐ Change ☐ Addition
05/07/04-01094-017 **150.00

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

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

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☐ Change ☐ Addition

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

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

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 another like empowered.

SIGNATURE: Frank H. Lang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK H. LANG Trans/Secy Ap 15, 2000
Date