

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90155 037 ***550.00

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DOCUMENT # P95000062083
1. Entity Name
VERTICAL TRANSPORTATION DESIGN CORPORATION



Principal Place of Business
**4301 34TH ST. N
ST PETERSBURG FL 33714**

Mailing Address
**4301 34TH ST. N
ST PETERSBURG FL 33714**



2. Principal Place of Business

3. Mailing Address

520 26th AVE No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3330603

Applied For

Not Applicable

Zip

Country

Zip

Country

33704

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

**ALTON, WILLIAM M
520 26TH AVE NORTH
SAINT PETERSBURG FL 33704**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07/29/03

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ALTON, WILLIAM M
4301 34TH STREET NORTH
SAINT PETERSBURG FL 33714**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ALTON, WILLIAM M.
520 26th AVE No
SAINT PETERSBURG, FL 33704**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **ALTON, WILLIAM M.** **07/29/03 727-822-4715**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)