## . 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 01, 2001 8:00 am Secretary of State DOCUMENT # **P95000087542** 1. Entity Name **BAPID TRANSIT, INC.** 05-01-2001 90075 032 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 2934 P O BOX 2934 LAKELAND FL 33806 LAKELAND FL 33806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3347831 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HORNBACK, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1228 WINDSONG DR LAKELAND FL 33811 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Delete ☐ Change TITLE TITLE HORNBACK, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 1228 WINDSONG DR CITY-ST-7IP CITY-ST-7IP LAKELAND FL 33811 ☐ Change TITLE ☐ Delete TITLE Addition HERKENRATH, LIESELOTTE NAME NAME STREET ADDRESS STREET ADDRESS 1228 WINDSONG DR City-St-7IP CITY-ST-ZIP LAKELAND FL 33811 Addit on TITLE ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP ☐ Addition ☐ Delete Change TITLE THILE NAME NAM<sup>9</sup> STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; that I am an officer or director of the corporation or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Slock 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR