

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004830

1. Entity Name

SEMINOLE COUNTY TRANSPORTATION SERVICES INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90165 035 ***150.00

Principal Place of Business

1388 S COUNTY RD 427
LONGWOOD FL 32750
US

Mailing Address

1388 S COUNTY RD 427
LONGWOOD FL 32750-6419
US

2. Principal Place of Business

3. Mailing Address

P O Box 521634

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longwood FL

4. FEI Number

59-3366437

Applied For

Not Applicable

Zip

Country

Zip

32752

Country

USA

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

RIVERA, KETTY
1388 S COUNTY RD 427
LONGWOOD FL 32750

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 NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, KETTY 1388 SOUTH COUNTY 427 LONGWOOD FL 32750	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, MARC 1388 SOUTH COUNTY 427 LONGWOOD FL 32750	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ketty Rivera President

Date

Daytime Phone #

042000

CR2E034 (9/99)