

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90192 014 ***158.75

DOCUMENT # P96000063241

1. Entity Name

YELLOW CAB COMPANY OF LAKE CITY



Principal Place of Business

618 BAKER STREET
LAKE CITY FL 32025
US

Mailing Address

618 BAKER STREET
LAKE CITY FL 32025
US

2. Principal Place of Business

438 SE BAKER Avenue

3. Mailing Address

438 SE BAKER Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

LAKE City, FLORIDA

City & State

LAKE City, Florida

4. FEI Number

59-3393190

Applied For

Not Applicable

Zip

Country

32025 USA

Zip

Country

32025 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

GRIMSLEY, CHRISTINA
618 BAKER STREET
LAKE CITY FL 32025

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 P
NAME GRIMSLEY, CHRISTINA
STREET ADDRESS 618 BAKER STREET
CITY-ST-ZIP LAKE CITY FL 32025

TITLE P
NAME Scott, Christina
STREET ADDRESS 438 SE BAKER AVENUE
CITY-ST-ZIP LAKE City, FL 32025
☒ Change ☐ Addition
(name change)
(address change)

TITLE V
NAME GRIMSLEY, JAMES
STREET ADDRESS 618 BAKER STREET
CITY-ST-ZIP LAKE CITY FL 32025

TITLE V
NAME Grimsley, James
STREET ADDRESS 438 SE BAKER AVENUE
CITY-ST-ZIP LAKE City, FL 32025
☒ Change ☐ Addition
(address change)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 all other like empowered.

SIGNATURE: *Christina Scott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 386-755-5009

Date

Daytime Phone #

CR2E034 (10/02)