

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90027 041 \*\*\*150.00

0630082 AV

**DOCUMENT # P97000000166**

1. Entity Name

**BELLEVUE TRANSPORT, INC.**

Principal Place of Business

**10272 SE 8TH AVE  
 BELLEVUE FL 34421**

Mailing Address

**P.O. BOX 1625  
 BELLEVUE FL 34421**

2. Principal Place of Business

**10272 SE 58TH AVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Belleview FL**

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3434216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MCLAUGHLIN, DONNA  
 1365 SE 73RD PL  
 OCALA FL 34480-6636**

7. Name and Address of New Registered Agent

Name

**DONNA MCLAUGHLIN**

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

**10272 SE 58TH AVE**

City

**Belleview**

**FL**

Zip Code

**34421**

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

*Donna McLaughlin*

(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. ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCLAUGHLIN, DONNA P</b>	
STREET ADDRESS	<b>1365 SE 73RD PL</b>	
CITY-ST-ZIP	<b>OCALA FL 34480-6636</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Donna McLaughlin*

Date

Daytime Phone #

CR2E034 (9/01)