

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023063

1. Entity Name
TRANSIT MASTERS, INC.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90102 001 ***476.25

Principal Place of Business
**1477 W GORE ST
ORLANDO FL 32805**

Mailing Address
**1477 W GORE ST
ORLANDO FL 32805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3435774**

Applied For

Not Applicable

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

**LATIMER, DUANE
1950 COVE COLONY RD
~~SUITE 1500~~
MAITLAND FL 32751**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-01

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, 2001 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 **D** ☐ Delete
NAME **TATE, WILLIAM A**
STREET ADDRESS **2931 SUMMERFIELD ROAD**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **D** ☐ Delete
NAME **TATE, HELEN B**
STREET ADDRESS **2931 SUMMERFIELD ROAD**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **D** ☐ Delete
NAME **TATE, JOHN A**
STREET ADDRESS **1633 DORMONT DRIVE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2537 MAITLAND CROSSING WAY #12-203**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D** ☐ Delete
NAME **SULLIVAN, SANDRA W**
STREET ADDRESS **1511 VIA TUSCANY**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **0142 Beach Blow Ln?**
CITY-ST-ZIP **Buena Vista, CO 81621**

TITLE **D** ☐ Delete
NAME **LATIMER, DUANE A**
STREET ADDRESS **1950 COVE COLONY RD**
CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **D** ☐ Delete
NAME **DECKER, SHARON L**
STREET ADDRESS **212 ROBIN LEE ROAD**
CITY-ST-ZIP **ORLANDO FL 32765**

TITLE ☐ Change ☐ 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:

Helen B. Tate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-01
Date

Daytime Phone #

CR2E034 (10/00)