## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P97000029068 1. Entity Name MELBOURNE AIRPORT SHUTTLE TAXI, INC. 04-16-2001 90243 006 \*\*\*158.75 Principal Place of Business Mailing Address 1 AIR TERMINAL PARKWAY 1 AIR TERMINAL PARKWAY D000000-MELBOURNE FL 32901 MELBOURNE FL 32901 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 59-3574620 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TANT, SANDRA Street Address (P.O. Box Number is Not Acceptable)\_ \*\* = <u>--</u> - - - -1 AIR TERMINAL PARKWAY **MELBOURNE FL 32901** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition □ Delete TITLE TITLE NAME TANT, SANDRA STREET ADDRESS STREET ADDRESS 1398 SCHNEIDER STREET, SW CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32908 Change ☐ Addition TITLE ☐ Delete NAME **NELSON, CHARLES** NAME STREET ADDRESS STREET ADDRESS 1398 SCHNEIDER STREET, SW CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32908 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IF Change Addition TITLE TITLE ☐ Delete NAME -NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

ANDRA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TANT 4/09/01 321-724-1400
Daytime Phone #