

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90029 004 \*\*\*150.00

**DOCUMENT # P97000035285**

1. Entity Name

**AROUND THE CLOCK AIRPORT SHUTTLE INC.**

Principal Place of Business

Mailing Address

10675 S FEDERAL HWY  
 PORT ST LUCIE FL 34985

P O BOX 8626  
 PORT ST LUCIE FL 34985-8626  
 US

**838331**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**833 SW KOLER AV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PORT ST. LUCIE FL**

4. FEI Number

**65-0763873**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34953 ST. LUCIE**

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

**ROLDAN, CHARLES**  
**10675 S FEDERAL HWY**  
**PORT ST LUCIE FL 34985**

Name

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

**833 SW KOLER AV**

City

**PORT ST. LUCIE**

**FL**

Zip Code

**34953**

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

*Charles Roldan*

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	<b>D</b> <b>ROLDAN, CHARLES</b> <b>10675 S FEDERAL HWY</b> <b>PORT ST LUCIE FL 34985</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>833 SW KOLER AV</b> <b>PORT ST LUCIE FL 34953</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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:

*Charles Roldan* (CHARLES ROLDAN)

4/14/00

(561) 336-2266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)