2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000035285

Mailing Address

1. Entity Name

Principal Place of Business

AROUND THE CLOCK AIRPORT SHUTTLE INC.



Apr 14, 2003 8:00 am Secretary of State **FILED**

04-14-2003 90081 017 ***150.00

833 SW KOLER AVENUE PORT SAINT LUCIE FL 34953			P O BOX 8626 PORT ST LUCIE FL 34985 US								
2. Principal Place of Business			3. Mailing Address						BUHU BBAHU BAHUU	IIKRI UHLU HUU	(1818) BUN 1881
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. F8	El Number 65-076387	3		pplied For lot Applicable
	Country	Zip	Zip C		untry . 5.		5. Ce	ertificate of Status Desired		\$8.75 Ac	iditional
6. Name and Address of Current Registered Agent							7, Na	ame and Address of New	Registered	Agent	
ROLDAN, CHARLES								x Number is Not Acceptab	le)		
								T- 112 (22) - 1			
PORT SAINT LUCIE FL 34953					City				FL	Zip Coo	de
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, typed	or printed name of registered	agent and tille if app	licable. (NOTE	: Registere	d Agent signatur	v beriuper e	vhen rein:	istating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							f		-		DO May Be d to Fees
10. OFFICERS AND DIRECTORS					11. Al			ITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 11
833 SW K	OLER AVENUE	i 3	☐ Delete	NAM! STRE	E ET ADDRESS					☐ Change	Addition
			☐ Delete	NAMI STRE	ET ADDRESS					☐ Change	Addition .
-	· سعينسپسنده ني		☐ Delete	NAMI STRE	ET ADDRESS	· Nate of Fac				Change	Addition
			□ Delete	NAME STREE	ET ADDRESS			,		☐ Change	Addition
			☐ Delete	NAME STREE	ET ADDRESS					Change	☐ Addition
			□ Delete	NAME STREE CITY-	ET ADDRESS ST-ZIP					☐ Change	Addition
	#, etc. e 6. Name CHARLES OLER AVEI named entity ons of regist May 1, 200 Payable to D ROLDAN, 833 SW K PORT SAII	#, etc. Country 6. Name and Address of Cu CHARLES OLER AVENUE NT LUCIE FL 34953 named entity submits this statem ons of registered agent. Signature typed or printed name of registered LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departme OFFICERS D ROLDAN, CHARLES 833 SW KOLER AVENUE PORT SAINT LUCIE FL 3495	lace of Business #, etc. Suit Country Zip 6. Name and Address of Current Registers CHARLES OLER AVENUE NT LUCIE FL 34953 named entity submits this statement for the purpons of registered agent. Signature, typed or printed name of registered agent and tille if app. LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTO D ROLDAN, CHARLES 833 SW KOLER AVENUE PORT SAINT LUCIE FL 34953	Island of Business #, etc. Suite, Apt. #, etc.	lace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc.	Sace of Business 3. Mailing Address 4, etc. Suite, Apt. #,	US lace of Business	US lace of Business 3. Mailing Address	Islace of Business 3. Mailling Address	lace of Business 3. Mailing Address 3. Mailing Address 4. etc. CHECK HERE IF MAKING COuntry 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Name CHARLES Street Address (P.O. Box Number is Not Acceptable) CHECK Registered agent. City FL Name and Address of Florida. Lam one of registered agent or both, in the State of Florida. Lam one of registered agent and the Tajukutile (CCTC Registered Agent signature required area mentating) DATE City Country City Country City Country City Country City Ci	Sec of Business 3. Mailing Address

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:

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