## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachme

SIGNATURE:

## May 07, 2002 8:00 am Secretary of State P97000041737 DOCUMENT # 1. Entity Name 05-07-2002 90220 011 \*\*\*150.00 C & M TRANSPORTATION OF ST. AUGUSTINE FL. INC. Principal Place of Business Mailing Address 2136 WATER PLANT RD. 2136 WATER PLANT RD. ST AUGUSTINE FL 32092 ST AUGUSTINE FL 32092 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3447928 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTH, CAROLYN Street Address (P.O. Box Number is Not Acceptable) 2136 WATER PLANT RD. ST AUGUSTINE FL 32092 Zip Code FL 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete ☐ Addition TITLE. ☐ Change TITLE ROTH, CAROLYN NAME NAME 2136 WATER PLANT RD STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32092 CITY-ST-ZIP CITY-ST-ZIP **VP** TITLE ☐ Delete TITLE Change Addition | ROTH, MICHAEL NAME NAME 2136 WATER PLANT RD. STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32092 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

D NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**