

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071576

1. Entity Name

MCS TRANSPORT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 417
SPARR FL 32192
US

P.O. BOX 417
SPARR FL 32192-0417
US

2. Principal Place of Business

908 N. Ridgewood Dr.

3. Mailing Address

P.O. Box 1415

Suite, Apt. #, etc.
#36

Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Sebring, FL

Zip

33870

Country

Highlands

Zip

33871

Country

Highlands

4. FEI Number

65-0773723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAKER, WILLIAM
651 SHILOH TERRACE
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name

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

908 N. Ridgewood Dr

#36

City

Sebring,

FL

Zip Code

33870

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

William M. Baker

William M. Baker, Pres.

03/25/00

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

TITLE ☐ Delete
NAME P
STREET ADDRESS BAKER, WILLIAM
CITY-ST-ZIP 651 SHILOH TERRACE
DAVIE FL 33325

TITLE ☐ Delete
NAME V
STREET ADDRESS BAKER, CHRISTINE
CITY-ST-ZIP P.O. BOX 417
SPARR FL 32192-0417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME address
STREET ADDRESS only
CITY-ST-ZIP P.O. Box 1415
Sebring, FL 33871

TITLE ☒ Change ☐ Addition
NAME address
STREET ADDRESS only
CITY-ST-ZIP P.O. Box 1415
Sebring, FL 33871

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

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

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

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:

Christine Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-00 863/382-7541

Date

Daytime Phone #