

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095010

1. Entity Name

EXECUTIVE SERVICE TRANSPORT INC. ✓

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90003 024 \*\*\*550.00

Principal Place of Business

2119 ROSELAND AVE  
SEBRING FL 33870-4760

Mailing Address

2119 ROSELAND AVE  
SEBRING FL 33870-4760

2. Principal Place of Business

3. Mailing Address

2651 US Highway 27 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sebring, FL

City & State

City & State

4. FEI Number

65-0813934

Applied For

Not Applicable

Zip

Country

Zip

33870-2127

Country

Hilland

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

SILLS, EDGAR L JR  
2119 ROSELAND AVE  
SEBRING FL 33870-4760

Name

Edgar Sils

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

2651 US 27 South

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

Edgar Sils

Edgar Sils

7/18

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
PTS.  
SILLS, EDGAR L JR  
4921 LAKEWOOD RD  
SEBRING FL 33872

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SILLS, CLARA  
2119 ROSELAND AVE  
SEBRING FL 33870

☐ Delete

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

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☐ Change ☐ 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:

Edgar Sils

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18

863 382 0171

CR2E034 (5/00)