

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100984

1. Entity Name

TRANSIT SOLUTIONS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90133 028 ***150.00

Principal Place of Business

Mailing Address

3907 KIAWA DRIVE
ORLANDO, FL 32837

A0063323

2. Principal Place of Business

3. Mailing Address

9601 Recycle Center

9601 Recycle Center Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando FL

4. FEI Number

59-3480073

Applied For

Not Applicable

Zip

32824

Country

USA

Zip

32824

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Kathleen Faust
17 S. Orlando Ave
Kissimmee, FL 34741

7. Name and Address of New Registered Agent

Name Peter Kane

Street Address (P.O. Box Number is Not Acceptable)
2616 Cobalt Court

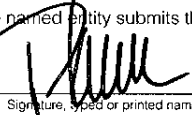
City Orlando

FL

Zip Code 32837

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

 Peter Kane / Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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, 2001 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 President
NAME Peter Kane
STREET ADDRESS 3907 Kiawa Drive
CITY-ST-ZIP Orlando, FL 32837
☐ Delete

TITLE Vice-President
NAME Rita A. Kane
STREET ADDRESS 3907 Kiawa Dr
CITY-ST-ZIP Orlando, FL 32837
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Peter Kane
STREET ADDRESS 2616 Cobalt Ct
CITY-ST-ZIP Orlando, FL 32837
☒ Change ☐ Addition

TITLE Vice-President
NAME Rita A. Kane
STREET ADDRESS 2616 COBALT CT
CITY-ST-ZIP Orlando, FL 32837
☒ Change ☐ Addition

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

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

 Peter Kane / Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 (407) 251-8699

Date

Daytime Phone #

CR2E034 (11/00)