

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018493

1. Entity Name

HURRICANE TRANSPORTATION, INC.

Principal Place of Business

3895 11TH AVENUE S.W.
NAPLES FL 34117

Mailing Address

3895 11TH AVENUE S.W.
NAPLES FL 34117-4139

2. Principal Place of Business

3. Mailing Address

Naples 3895 11th Ave S.W.

3895 11th Ave S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples FL

Naples FL

Zip

Country

Zip

Country

34117

Collier/USA

34117

Collier/USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOUNT, DICK W JR.
6736 LONE OAK BLVD.
NAPLES FL 34109

← Mr. Mount no longer

Name

Michelle Rivera

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

3895 11th Ave S.W.

City

Naples

FL

Zip Code

34117

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	0	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, MICHELLE		NAME	
STREET ADDRESS	3895 11TH AVE SW		STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34117		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90062 044 ***150.00

A0034807



DO NOT WRITE IN THIS SPACE

4. FEI Number **94-3315322** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2F034 (9/99)

4/1/00 941-455-3582