

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018649

1. Entity Name

OPEN TOP TRANSPORT, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90023 029 \*\*\*150.00

Principal Place of Business

8200 OTT WILLIAMS RD.  
CLERMONT FL 34711

Mailing Address

P.O. BOX 120280  
CLERMONT FL 34712-0280

2. Principal Place of Business

3. Mailing Address

8200 OTT Williams Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Clermont FL

Zip

Country

Zip  
34711

Country

Lake

4. FEI Number

59-3499259

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

7. Name and Address of New Registered Agent

JONES, DEBRA  
8200 OTT WILLIAMS RD.  
CLERMONT FL 34711

Name

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

City

FL

Zip Code

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	D	<input type="checkbox"/> Delete
NAME	JONES, DEBRA	
STREET ADDRESS	P.O. BOX 120280	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, THOMAS R JR.	
STREET ADDRESS	P.O. BOX 120280	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Debra Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

(352) 242-1666

Daytime Phone #

CR2E034 (9/99)