

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90273 047 ***150.00

DOCUMENT # P98000037236

1. Entity Name
C & D TRANSPORT & DRIVE SERVICE, INC.



Principal Place of Business
5959 CRESCENT RIDGE CT.
ORLANDO FL 32810

Mailing Address
5959 CRESCENT RIDGE CT.
ORLANDO FL 32810

2. Principal Place of Business
2193 CERBERUS DR.

3. Mailing Address
2193 CERBERUS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
APOKA, FL.

City & State
APOKA, FL.

4. FEI Number **59-3506585**

☐ **Applied For**
☐ **Not Applicable**

Zip **32712** **Country** **ORANGE**

Zip **32712** **Country** **ORANGE**

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

6. Name and Address of Current Registered Agent

STONE, DONALD
5959 CRESCENT RIDGE CT.
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name **STONE, DONALD**

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

2193 CERBERUS DR.

City **APOKA** **FL** **Zip Code** **32712**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ **Delete**
NAME **STONE, DONALD R**
STREET ADDRESS **5959 CRESCENT RIDGE CT**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **V** ☐ **Delete**
NAME **STONE, JASON**
STREET ADDRESS **2310 EASTBROOK BLVD**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ **Change** ☐ **Addition**
NAME **STONE, DONALD R.**
STREET ADDRESS **2193 CERBERUS DR.**
CITY-ST-ZIP **APOKA FL 32712**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donald R. Stone**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 **407 383 9398**
Date **Daytime Phone #**

CR2E034 (10/02)