## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P98000038172 ORANGE CAB OF TAMPA BAY, INC. 01-30-2001 90018 026 \*\*\*150.00 Principal Place of Business Mailing Address 2927 ROGERS AVE 3160 46TH AVE N SAINT PETERSBURG FL 33714 **TAMPA FL 33611** ひひょせんり 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3509951 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EPPS, AUDREY J Street Address (P.O. Box Number is Not Acceptable) 2927 ROGERS AVE **TAMPA FL 33611** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE KURMAY, TERRY NAME NAME STREET ADDRESS STREET ADDRESS 3160 46TH AVE N CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33714 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ ] Addition ☐ Defete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

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13. I hereby certify that the information supplied with this filling 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.

Terry E. KURMY 6-22-01