## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jul 16, 2002 8:00 am Secretary of State **DOCUMENT #** P98000038648 1. Entity Name 07-16-2002 90357 043 \*\*\*150.00 FLORIDA TRANSPORTATION CONNECTION, INC. Principal Place of Business Mailing Address 1 SO. JACARANDA P.O. BOX 22024 ORLANDO FL 32829 ORLANDO FL 32830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3507557 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLLAZO, AGUSTIN Street Address (P.O. Box Number is Not Acceptable) 3306-14 S. SEMORAN BLVD. ORLANDO FL 32822 -City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition NAME COLLAZO, AGUSTIN NAME STREET ADDRESS 3306-14 S. SEMORAN BLVD. STREET ADDRESS ORLANDO FL 32822 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: A

NAME

STREET ADDRESS

CITY-ST-7/P

☐ Delete

☐ Change

☐ Addition



## FLORIDA TRANSPORTATION CONNECTION

## INCORPORATED -----

"Group Transportation with Individual Care"



Affechment

#P98 0000 38608

Florida Department Of State Division Of Corporations P.O.Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00. I am enclosing this amount versus the \$550.00 since I never received the first notice in the mail. I called your offices and was advised by a gentleman named Robert to write this letter and send the check in the amount of \$150.00.

If you have any questions please do not hesitate to write or call.

Thank you for your attention to this matter.

Sincerely,

Agustin Collazo President