

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

02-22-2000 90047 013 \*\*\*150.00

0004100



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000050992

1. Entity Name

ST. PETE TAXI, INC.

Principal Place of Business

Mailing Address

~~2730~~ CENTRAL AVE  
ST PETERSBURG FL 33713

2730 CENTRAL AVE  
ST-PETERSBURG FL 33712-1153

2. Principal Place of Business

3. Mailing Address

3160 46TH AVE No.  
Suite, Apt. #, etc.

2927 Rogers Ave.  
Suite, Apt. #, etc.

City & State  
ST. PETERSBURG FL

City & State  
Tampa FL

4. FEI Number 59-3526611

Applied For  
Not Applicable

Zip Country  
33714 PINELLAS

Zip Country  
33611 Hillsborough

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNAUST, WARREN J  
2730 CENTRAL AVE  
SAINT PETERSBURG FL 33712

Name Audrey S. Epps  
Street Address (P.O. Box Number is Not Acceptable)  
2927 Rogers Ave.  
City Tampa FL Zip Code 33611

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 *Audrey S. Epps*

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 NAME STREET ADDRESS CITY-ST-ZIP	DP KURMAY, TERRY E 1738 28 STREET N ST PETERSBURG FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

*Terry Ekurmay* 2-15-00 727-327-3600

CRF034 (3/99)