

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90354 025 \*\*\*150.00

**DOCUMENT # P98000054362**

1. Entity Name  
**TRANSIT HOLDING COMPANY**

Principal Place of Business  
**1415 MAPLE STREET  
 LAKELAND FL 33810-0510  
 US**

Mailing Address  
**1415 MAPLE STREET  
 LAKELAND FL 33810-0510  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7516 Willow Wisp Dr W**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7516 Willow Wisp Dr W**  
 Suite, Apt. #, etc.

City & State  
**LAKELAND FL**  
 Zip  
**33810**  
 Country  
**FLORIDA**

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**LAKELAND FL**  
 Zip  
**33810**  
 Country  
**FLORIDA**

4. FEI Number **59-3519961** Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent:

**DUNLAP, III, GEORGE T ESQ.  
 BOSWELL & DUNLAP LLP  
 245 SOUTH CENTRAL AVENUE  
 BARTOW FL 33830**

7. Name and Address of New Registered Agent  
 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, 2002 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	PD BRYANT, GRANVEL LEE 1415 MAPLE DRIVE LAKELAND FL 33810-0510	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRYANT, JANET B 1415 MAPLE DRIVE LAKELAND FL 33810-0510	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'LEARY, PATRICK J 7516 WILLOW WISP DRIVE, WEST LAKELAND FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'LEARY, KAREN L 7516 WILLOW WISP DRIVE, WEST LAKELAND FL 33810	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. O'LEARY, KAREN L 7516 WILLOW WISP DR W LAKELAND, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'LEARY, PATRICK J 7516 WILLOW WISP DR W LAKELAND, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VINSON, WHITNEY D 7516 WILLOW WISP DR W LAKELAND, FL 33810	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORDON, JULIE 836 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE: **Patrick J O'Leary** 4/30/02 (863) 683-6353  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)