## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## Apr 07, 2003 8:00 am Secretary of State P98000059221 DOCUMENT # 04-07-2003 90183 036 \*\*\*150.00 1. Entity Name CENTURY 21 TRANSPORTATION, INC. Principal Place of Business Mailing Address 830 HOFFNER AVE 830 HOFFNER AVE ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Plage 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, et ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-3525980 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MONTAIUTI, BIAGIO Street Address (P.O. Box Number is Not Acceptable) 830 HOFFNER AVE ORLANDO FL 32809 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE ☐ Defete TITLE MONTAIUTI, BIAGIO NAME NAME 830 HOFFNER AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP CITY-ST-7IP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

Date

Daytime Phone #