

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060772

1. Entity Name

PINK TRANSPORT CORP.

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90098 016 \*\*\*150.00

Principal Place of Business

1289 Thompson St,  
16091 SIESTA DRIVE  
FT. MYERS FL 33908

Mailing Address

1289 Thompson St  
16091 SIESTA DRIVE  
91, FT. MYERS FL 33908-3308

LUUJ200J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1289 Thompson St  
Suite, Apt. #, etc.

3. Mailing Address

1289 Thompson St  
Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

4. FEI Number

65-0860661

Applied For

Not Applicable

Zip

33903

Country

USA

Zip

33903

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIFSEY, J. STANFORD  
324 SOUTH HYDE PARK AVE., SUITE 375  
TAMPA FL 33606

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, 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

TITLE DP  
NAME LIFSEY, J. STANFORD  
STREET ADDRESS 16091 SIESTA DRIVE  
CITY-ST-ZIP FT. MYERS FL 33908 ☐ Delete

TITLE DVP  
NAME PUCKETT, RONALD (Robert) (Ronald)  
STREET ADDRESS 16091 SIESTA DRIVE  
CITY-ST-ZIP FT. MYERS FL 33908 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

Robert D. Puckett

ROBERT D. PUCKETT

3-1-2000 941 6520474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)