

2000 UNIFORM BUSINESS REPORT (UBR)

2/23/00-90021-028-\$150.00-\$150.00

DOCUMENT # P98000080870

1. Entity Name

MCRILEY TRANSPORT COMPANY

FILED

00 MAR 16 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

425 SOUTH CHICKSAW
SUITE 284
ORLANDO FL 32825

Mailing Address

425 SOUTH CHICKSAW
SUITE 284
ORLANDO FL 32825-7852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3533503

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER

343-ALMERIA AVENUE
CORAL GABLES FL 33134

Name

MICHAEL CULLER

Street Address (P.O. Box Number is Not Acceptable)

425 SOUTH CHICKSAW
284

City ORLANDO

FL 32825

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

Michael J. Culler, pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-13-00

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	PD	<input type="checkbox"/> Delete
NAME	CULLER, MICHAEL	
STREET ADDRESS	425 SOUTH CHICKSAW	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CULLER, ELAINE	
STREET ADDRESS	425 SOUTH CHICKSAW	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RILEY, GEORGE	
STREET ADDRESS	425 SOUTH CHICKSAW	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

02-11-00

467
492-4848

CR2E034 (9/99)