

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90022 038 ***550.00

DOCUMENT # P98000094454
1. Entity Name

A A CLASS BUS & TOUR TRANS., INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business
9114 JACKSON AVE.
 Suite, Apt. #, etc.
JACKSONVILLE, FL.

3. Mailing Address
P. O. BOX 41255
 Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL.
Zip
32208

Country
DUVAL

City & State
JACKSONVILLE, FL.
Zip
32203

Country
DUVAL

4. FEI Number
59-3553222

Applied For
Not Applicable

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PSTD**
NAME **LATSON, THOMASEINA** ☐ Delete
STREET ADDRESS **9114 JACKSON AVE.**
CITY-ST-ZIP **JACKSONVILLE, FL. 32208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **LATSON, THOMASEINA**
CITY-ST-ZIP **9114 JACKSON AVE. JAX., FL.**

TITLE ☐ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **PORTER, PAULA**
CITY-ST-ZIP **6595 SAN JUAN AVE. # 58 JAX., FL.**

TITLE ☐ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **SMITH, TILITIA DIONNE**
CITY-ST-ZIP **8471 PIKES PEAK NORTH JAX., FL.**

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

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

TITLE ☐ Change ☐ 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

7-31-01
 Date

904-764-1212
 Daytime Phone #

CR2E034 (11/00)