

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094799

1. Entity Name

BIG APPLE AIRPORT CAR SERVICE INC

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90019 021 ***150.00

Principal Place of Business

3517 PATIO CT.
LAKE WORTH FL US

Mailing Address

3517 PATIO CT.
LAKE WORTH FL 33461-3472
US

00012000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

WPA Airport / Hld Airport
Suite, Apt. #, etc.

3. Mailing Address

3517 PATIO CT
Suite, Apt. #, etc.

City & State

City & State
Lake worth FL

4. FEI Number

APPLIED FOR

Applied For
Not Applicable

Zip

Country

Zip Country
33461 PAIM BEACH

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIELONSKI, TIMOTHY E
3517 PATIO CT.
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name Timothy Wielonski
Street Address (P.O. Box Number is Not Acceptable)
3517 PATIO CT
City Lake worth Florida FL Zip Code 33461

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 Timothy Wielonski
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	PCEO	<input type="checkbox"/> Delete
NAME	WIELONSKI, TIMOTHY	
STREET ADDRESS	3517 PATIO CT	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date 1/25/00

Date

Daytime Phone #

(561) 641-8480

CR2E034 (9/99)