

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90391 013 \*\*\*158.75

DOCUMENT # **P98000098268**

1. Entity Name

**Online Transportation  
Services, Inc.**

117738

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

**513 Wechsler Circle**  
Suite, Apt. #, etc.

**513 Wechsler Circle**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**Orlando Florida**

**Orlando - Florida**

4. FEI Number

Applied For

**593545486**

Not Applicable

Zip

Country

Zip

Country

**32824**

**ORANGE**

**32824**

**ORANGE**

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**FERNANDEZ, Hector**

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

**513 Wechsler Circle**

City

**Orlando**

FL

Zip Code

**32824**

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]*

(NOTE: Registered Agent signature required when reappointing)

DATE

**06-06-02**

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>FERNANDEZ, Hector</b>
STREET ADDRESS	<b>513 Wechsler Circle</b>
CITY- ST- ZIP	<b>ORLANDO FL 32824</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-06-02**

Date

**407-929-3069**

Daytime Phone #

CR2E034B (12/01)

*Attachment*

**Online Transportation  
Services, Inc.**

# P980001 98268  
117738  
513 Wechsler circle  
Orlando FL 32824  
407.929.3069

June 6, 2002

Division of Corporation  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

The document UBR for the corporation for this year 2002, we haven received in the mail, so I call your office. I was inform to go to the Web to download the form and to mail back to your office before this Friday the 7, with the amount of \$150.00 for the corporation process and this letter explaining way it was late to avoid the penalty charge.

I enclose a check from Washington Mutual Bank # 1081 for the amount of \$158.75

Corporation \$150.00

Certificate \$ 8.75

Total \$158.75

Sincerely,



Hector Fernandez  
Owner