

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90042 013 ***150.00

0069107 AV

DOCUMENT # P98000106531

1. Entity Name
FAMILY TRANSPORT, INC.

Principal Place of Business
 1144 OCOEE APOPKA RD., STE. 101
 APOPKA FL 32703

Mailing Address
 1144 OCOEE APOPKA RD., STE. 101
 APOPKA FL 32703

039150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3554530

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

LLEWELLYN, JAMES WESLEY
3036 FOXHILL CIRCLE
#205
APOPKA FL 32703

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

[Signature]
 Michele Crabtree

(NOTE: Registered Agent signature required when reinstating)

[Signature]
 4/22/02

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, 2002 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 **P** ☒ Delete
NAME **LLEWELLYN, JAMES W**
STREET ADDRESS **3036 FOXHILL CIRCLE, #205**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **Larry Crabtree V.P.** ☐ Change ☒ Addition
NAME **9408 Via Palma Ceia**
STREET ADDRESS **APOPKA FL 32703**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **CRABTREE, MICHELE**
STREET ADDRESS **9408 VIA PALMA CEIA**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **Pres** ☒ Change ☐ Addition
NAME **Michele Crabtree**
STREET ADDRESS **9408 Via Palma Ceia**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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]* **SIGNATURE REQUIRED Michele Crabtree** **4/15/02** **407800622**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)