

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003491

1. Entity Name

FOUR C'S TRANSPORT SERVICES, INC.

Principal Place of Business

2319 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33311

Mailing Address

2319 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33311-3924

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

65-0887202

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

ROYALE MANAGEMENT SERVICES, INC.
2319 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33311

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, 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
NAME CLARK, KENNETH A
STREET ADDRESS 11169 NW 39TH STREET #301
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE PD
NAME Clark, Kenneth A.
STREET ADDRESS 3204 NW 122 Ave
CITY-ST-ZIP Sunrise, FL 33323 ☒ Change ☐ Addition address

TITLE STD
NAME CLARK, NEIL T
STREET ADDRESS 2550 SW 18TH TERRACE #1405
CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Delete

TITLE STD
NAME Clark, Neil T
STREET ADDRESS 6960 SW 1st
CITY-ST-ZIP Margate, FL 33068 ☒ Change ☐ Addition address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00 (954) 747-6182
Date Daytime Phone #

CR2E034 (9/99)