

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010909

1. Entity Name

COUNTRYWIDE TRANSPORTATION, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90066 043 ***150.00

Principal Place of Business

Mailing Address

14595 SOUTHERN BLVD.
LOXAHATCHEE FL 33470

14595 SOUTHERN BLVD.
LOXAHATCHEE FL 33421-1556

2. Principal Place of Business

3. Mailing Address

2773 State Rd 7

P.O. Box 211556

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

4. FEI Number

Applied For

65-0893042

Not Applicable

Zip
33414

Country

Palm Beach

Zip

33421

Country

Palm Beach

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

PLEASANTON, DAVID F ESQ.
1840 FOREST HILL BLVD., SUITE 205
W. PALM BCH FL 33406

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
CLOUTIER, GUY
4782 121ST TERR. NORTH
ROYAL PALM BCH QL 33411 ☐ Delete

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

TITLE
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CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00
Date

561 7913474
Daytime Phone #

CR2E034 (9/99)