

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032731

1. Entity Name

URQUHART YELLOW CAB COMPANY, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90018 017 ***150.00

Principal Place of Business

Mailing Address

185 MIRACLE STRIP PARKWAY
SUITE 23
FORT WALTON BEACH FL 32548

185 MIRACLE STRIP PARKWAY
SUITE 23
FORT WALTON BEACH FL 32548-5859

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

59-3572316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name HABEL BUSINESS SERVICES, INC.

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

50 CIRCLE DRIVE

City

FT. WALTON BEACH

FL

Zip Code

32547

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

Evelyn A. Habel President EVELYN A. HABEL

2/1/2000

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 PSTD ☐ Delete
NAME URQUART, JOE B
STREET ADDRESS 185 MIRACLE STRIP PARKWAY, SUITE 23
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE D ☐ Delete
NAME URQUART, JOHN PAUL
STREET ADDRESS 185 MIRACLE STRIP PARKWAY, SUITE 23
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PSTD ☒ Change ☐ Addition
NAME URQUART, JOE B
STREET ADDRESS 185 MIRACLE STRIP PKWY, SUITE 23
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

TITLE V.PRES. ONLY ☒ Change ☐ Addition
NAME URQUART, JOHN PAUL
STREET ADDRESS 185 MIRACLE STRIP PKWY, SUITE 23
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

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

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

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

TITLE ☐ Change ☐ 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:

Joe B. Urquhart President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

Date

Daytime Phone #