

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90672 049 \*\*\*150.00

0496020 AV

**DOCUMENT # P99000033409**

1. Entity Name

**MOTOR CITY TRANSPORT, INC.**

Principal Place of Business

~~2511 SW 41 STREET~~  
~~CAPE CORAL FL 33914~~

Mailing Address

~~2511 SW 41 STREET~~  
~~CAPE CORAL FL 33914~~

Principal Place of Business

**950 Moody Rd**  
**#126**

Mailing Address

**950 Moody Rd**  
**#126**

City & State

**N. Ft. Myers FL**

City & State

**N. Ft. Myers FL**

Zip

**33903**

Country

**Lee**

Zip

**33903**

Country

**Lee**

4. FEI Number

**65-0908715**

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

**RICE, SHIRLEY D**

**2511 SW 41 STREET**

**CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name **Shirley D. Rice**

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

**950 Moody Rd #126**

City **N. Ft. Myers**

**FL**

Zip Code **33903**

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, 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

TITLE **D**  
NAME **RICE, SHIRLEY D**  
STREET ADDRESS **2511 SW 41 STREET**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **950 Moody Rd #126**  
NAME **N. Ft. Myers, FL**  
STREET ADDRESS **33903** ☐ Delete  
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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **950 Moody Rd #126** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **N. Ft. Myers FL 33903**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Shirley D. Rice**

**Shirley D. Rice**

**4-5-02 941-656-0895**

Daytime Phone #

CR2E034 (9/01)