

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90059 044 ***150.00

DOCUMENT # P99000036490

1: Entity Name

UNITED TRANSIT MARKETING, INC.



Principal Place of Business, **515 MYRTLE AVE. GREEN COVE SPRINGS FL 32043**
Mailing Address **515 MYRTLE AVE. GREEN COVE SPRINGS FL 32043**

2. Principal Place of Business **6768 CRESCENT COVE DR**
Suite, Apt. #, etc.
3. Mailing Address **6768 CRESCENT COVE DR.**
Suite, Apt. #, etc.

City & State **St. Augustine FL**
Zip **32086** Country **USA**
City & State **St. Augustine FL**
Zip **32086** Country **USA**

4. FEI Number **59-3571466**
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEWMAN, ED
515 MYRTLE AVE.
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name **NEWMAN, ED**
Street Address (P.O. Box Number is Not Acceptable) **6768 CRESCENT COVE DR.**
City **St. Augustine** **FL** Zip Code **32086**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ed Newman President** **7/26/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **NEWMAN, GINA**
STREET ADDRESS **515 MYRTLE AVE.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **P** ☐ Delete
NAME **NEWMAN, ED**
STREET ADDRESS **515 MYRTLE AVE.**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: **Ed Newman President** **7/26/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #