

2000 UNIFORM BUSINESS REPORT (UBR)

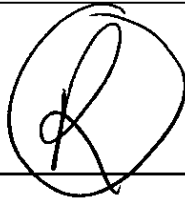
FILED

Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90005 019 ***150.00

DOCUMENT # P99000038352

1. Entity Name
FIRST CALL TRANSPORT, INC.



Principal Place of Business
4995 W ATLANTIC AVE
DELRAY BEACH FL 33445

Mailing Address
4995 W ATLANTIC AVE
DELRAY BEACH FL 33445

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

65-0932264

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

FAIRCLOUGH, MICHAEL J
2845 N MILITARY TRAIL STE 8
WEST PALM BEACH FL 33409

Name: Michael McGary
Street Address (P.O. Box Number is Not Acceptable): 209 N. Seacrest Blvd
City: Boynton Beach FL Zip Code: 33435

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: Michael McGary CPA

9-2-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	SCHWAB, FRANCINE	
STREET ADDRESS	4995 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

7-10-00 (3d) 638-8385
(56) 252-2675

CR2E034 (5/00)

attachment

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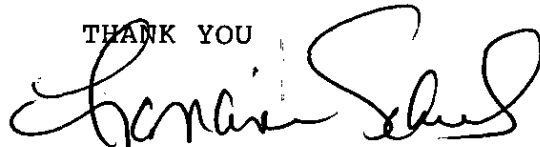
A0075882

SEPT 2, 2000

TO WHOM IT MAY CONCERN,

WE AT FIRST CALL TRANSPORT HAVE NEVER RECEIVED
NOTIFICATION OF FILING OUR 2000 BUSINESS REPORT,
PRIOR TO THIS NOTIFICATION. PLEASE CHECK YOUR
RECORDS FOR THE CORRECT MAILING ADDRESS.

THANK YOU



FRANCINE SCHWAB