

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000044678

1. Entity Name

MAKE IT GO TRANSPORTATION INC

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90073 047 \*\*\*150.00

Principal Place of Business

Mailing Address

9340 NORTH 56TH STREET #220  
TAMPA FL 33617

9340 NORTH 56TH STREET #220  
TAMPA FL 33617-5513

2. Principal Place of Business

5414 N. 56th ST.

3. Mailing Address

P.O. Box 292435

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa FL

Tampa FL

City & State

City & State

4. FEI Number

59-3577207

Applied For

Not Applicable

Zip  
33610

Country  
Hills.-USA

Zip  
33687

Country  
Hills.-USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARKA, DONOVAN  
9340 NORTH 56TH STREET #220  
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

DONOVAN SARKA

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

16025 Westerham Dr.

City

Tampa

FL

Zip Code

33647

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

03-15-00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SARKA, DONOVAN  
9340 NORTH 56TH STREET #220  
TAMPA FL 33617

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
DONOVAN SARKA  
16025 Westerham Dr.  
Tampa, FL 33647

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

02-17-00

Date

813-630-5069

Daytime Phone

CR2E034 (9/99)