

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052193

1. Entity Name:

YOUR TAXI COMPANY

Principal Place of Business
2705 JOAN AVENUE
PANAMA CITY BEACH FL 32408

Mailing Address
2705 JOAN AVENUE
PANAMA CITY BEACH FL 32408

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 59-3622546

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

TERRY, ROBERT A
2705 JOAN AVENUE
PANAMA CITY BEACH FL 32408

Name

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

City

FL

Zip Code

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.

(NOT

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, 2001 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 D ☐ Delete
NAME TERRY, ROBERT A
STREET ADDRESS 113 FOX RIDGE ROAD
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☒ Change ☐ Addition
NAME Terry Robert A
STREET ADDRESS 600 Lori Ave
CITY-ST-ZIP LYNN HAVEN FL. 32444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Robert A. Terry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER - DIRECTOR

April 27, 01 (850) 233-8299
Date Daytime Phone #

CR2E034 (10/00)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90006 014 ***150.00



DO NOT WRITE IN THIS SPACE