## 2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or tr changed, or on an attachment with

SIGNATURE:

## Feb 13, 2002 8:00 am Secretary of State P99000055273 DOCUMENT # 1. Entity Name 02-13-2002 90242 001 \*\*\*150.00 FLORIDA STATE TRANSPORT - NORTH FLORIDA, INC. Principal Place of Business Mailing Address 17200 N. TAMIAMI TRAIL 17200 N. TAMIAMI TRAIL PUNTA GORDA FL 33955 PUNTA GORDA FL 33955 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-6093929 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STINZI, ROBERT Street Address (P.O. Box Number is Not Acceptable) 17200 N. TAMIAMI TRAIL **PUNTA GORDA FL 33955** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Change ☐ Delete TITLE STINZI, ROBERT NAME NAME 17200 N. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33955** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP dwith this filing does not exalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port 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 I hereby certify that the information suppli-indicated on this report or supplemental re-

**FILED** 

1-24-02 941-731-1900

that my signature shall have the same legal effect as if made under oath; that I am an officer or director propas required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if