

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90208 007 \*\*\*158.75

## DOCUMENT #

1. Entity Name **P99000056757**

**Sir Winston Transportation Corp.**

Principal Place of Business

Mailing Address

**4630 South Kirkman Road Suite 406  
Orlando, FL 32811**

2. Principal Place of Business

**5454 Hoffner Avenue**

3. Mailing Address

**5454 Hoffner Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

U.S.

105

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

**32812**

**US**

**32812**

**US**

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

**Spiegel & Utrera, P.A.  
343 Almeria Avenue  
Coral Gables, FL 33134 US**

Name

**Winston Downer**

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

**5454 Hoffner Avenue Suite 105  
Orlando, FL 32812**

City

**Orlando**

**FL**

Zip Code

**32812**

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

**04/19/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT NATHAN A. CHAMBERS</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT WINSTON DOWNER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY ANGELIA V. DOWNER</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY WINSTON DOWNER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER PADMINI E. CHAMBERS</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER WINSTON DOWNER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

**(407) 207-1640**

CR2E034 (9/99)