

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90156 001 ***661.25

DOCUMENT # P99000062623

1. Entity Name
ROAD SESSALY TRANSIT, INC.



Principal Place of Business
1209 CLAY STREET
TALLAHASSEE, FL 32304

Mailing Address
1209 CLAY STREET
TALLAHASSEE, FL 32304

2. Principal Place of Business

1839 B-South Monroe

3. Mailing Address

1839 B-South Monroe St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip
32301

Country

USA

Zip

32301

Country

USA

4. FEI Number
59-3658434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANLEY, KESSLA
1209 CLAY STREET
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name **Kessla Stanley**

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

8050 Talley Ann Dr

City **Tallahassee**

FL

Zip Code

32311

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **STANLEY, WILBERT**
STREET ADDRESS **1209 CLAY STREET**
CITY-ST-ZIP **TALLAHASSEE, FL 32304**

TITLE **V** ☐ Delete
NAME **STANLEY, KESSLA**
STREET ADDRESS **8050 Talley Ann Dr**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 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

4-29-03 (850) 222-8232

Date

Daytime Phone #

CR2E034 (10/02)