

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062893

1. Entity Name

PICT TRANSPORTATION, INC.

Principal Place of Business

3008 COMMONWEALTH AVE
JACKSONVILLE FL 32254

Mailing Address

3008 COMMONWEALTH AVE
JACKSONVILLE FL 32254

Address change

2. Principal Place of Business

~~12214~~ 3801 Whitehall St
Suite, Apt. #, etc.

3. Mailing Address

12214 Spiney Ridge Dr
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32225

Country

DUVAL

Zip

32225

Country

DUVAL

6. Name and Address of Current Registered Agent

STANLEY, ROSCOE
3008 COMMONWEALTH AVE
JACKSONVILLE FL 32254

4. FEI Number

59-3584999

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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.

(NOTE: 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
STANLEY, ROSCOE
3008 COMMONWEALTH AVE
JACKSONVILLE FL 32254

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

904356 1000

Daytime Phone #

00056311



DO NOT WRITE IN THIS SPACE

002008

CR2E034 (10/00)