

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90014 003 \*\*\*150.00

**DOCUMENT # P99000065964**

1. Entity Name

**ASSERTIVE TRANSPORT, INC.**

Principal Place of Business

**1565 SW MARTIN Hwy**  
~~1565 SW 36TH ST~~  
**PALM CITY FL 34990**

Mailing Address

**P.O. Box 1853**  
~~1565 SW 36TH ST~~  
**PALM CITY FL 34990 34991**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1565 SW MARTIN Hwy**  
 Suite, Apt. #, etc.  
**#201**

3. Mailing Address

**PO Box 1853**  
 Suite, Apt. #, etc.

City & State

**Palm City FL**

City & State

**Palm City FL**

4. FEI Number

**31-165-3319**

Applied For

Not Applicable

Zip

**34990**

Country

**USA**

Zip

**34991**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YRIGOYEN, REBECCA**  
~~791 SW 36TH ST~~ **941 SW 32nd ST.**  
**PALM CITY FL 34990**

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

*Rebecca Yrigoyen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/2/00**

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

TITLE	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>Rebecca Yrigoyen</b>	
STREET ADDRESS	<b>941 SW 32nd St</b>	
CITY-ST-ZIP	<b>Palm City FL 34990</b>	
TITLE	<b>V. President</b>	<input type="checkbox"/> Delete
NAME	<b>Dorothy Lawhorn</b>	
STREET ADDRESS	<b>158 NW HEATHER ST</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE, FL 34983</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Delete
NAME	<b>W. MORROW</b>	
STREET ADDRESS	<b>6752 KASSOO LN</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>X</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>X</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>X</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Rebecca Yrigoyen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/2/00**

Daytime Phone #

CR2E034 (9/99)