

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065964

1. Entity Name

ASSERTIVE TRANSPORT, INC.

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90030 020 \*\*\*150.00

Principal Place of Business

1565 SW MARTIN HWY  
#201  
PALM CITY FL 34990  
US

Mailing Address

PO BOX 1853  
PALM CITY FL 34991  
US

2. Principal Place of Business

+ 3439 Pindo Palm Ln

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm City FL

City & State

Zip

34990

Country

Country

4. FEI Number

31-1653319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

YRIGOYEN, REBECCA  
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

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 ☐ Delete  
NAME P  
STREET ADDRESS YRIGOYEN, REBECCA  
CITY-ST-ZIP 941 SW 32ND ST  
PALM CITY FL 34990

TITLE ☐ Delete  
NAME V  
STREET ADDRESS LAWHORN, BEVERLY  
CITY-ST-ZIP 158 NW HEATHER ST  
PORT SAINT LUCIE FL 34983

TITLE ☐ Delete  
NAME T  
STREET ADDRESS MORROW, W  
CITY-ST-ZIP 6752 LASSOO LN  
PALM CITY FL 34990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12.

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  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Daytime Phone #

CR2E034 (10/00)