

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90856 013 ***150.00

DOCUMENT # P99000084548

1. Entity Name
KISSIMMEE SHUTTLE SERVICE, INC.

Principal Place of Business 1031 W. MORSE BLVD. SUITE 105 WINTER PARK FL 32789	Mailing Address 1031 W. MORSE BLVD. SUITE 105 WINTER PARK FL 32789-3738
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2. Principal Place of Business 1115 MARNI RIDGE COURT Suite, Apt. #, etc.	3. Mailing Address 1115 MARNI RIDGE COURT Suite, Apt. #, etc.
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City & State KISSIMMEE FL.	City & State KISSIMMEE FL.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34747	Country OSCEOLA	Zip 34747	Country OSCEOLA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARLOWE, MICHAEL L 1031 W. MORSE BLVD. SUITE 105 WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name JAMES DEMMERLEY Street Address (P.O. Box Number is Not Acceptable) 1115 MARNI RIDGE COURT City KISSIMMEE FL Zip Code 34747
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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 **JAMES DEMMERLEY** (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, 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 P	NAME JAMES DEMMERLEY <input type="checkbox"/> Delete	STREET ADDRESS 1115 MARNI RIDGE COURT	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP KISSIMMEE, FL. 34747			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE T	NAME JAMES DEMMERLEY <input type="checkbox"/> Delete	STREET ADDRESS 1115 MARNI RIDGE COURT	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **JAMES DEMMERLEY** **4/27/00** **397-1244**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)