2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # S05781 Jan 21, 2000 8:00 am 1. Entity Name GENERAL TRANSPORTATION INC. **Secretary of State** 01-21-2000 90062 021 ***150.00 Mailing Address Principal Place of Business 6382 TALBOT CIRCLE P.O. BOX 3170 SPRINGHILL FL 34611-3170 SPRING HILL FL 34611-3170 I THE REPORT OF THE PARTY OF THE 3. Mailing Address 2. Principal Place of Business 13487 CHAMBORD STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. UNIT 25 BLDG.A Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3033434 BROOKSVILLE, FLORIDA Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 34613 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRISCO, SANTINA J. Street Address (P.O. Box Number is Not Acceptable) 3052 WATERFALL DR. SPRING HILL FL 34608 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, TITLE ☐ Change Addition Delete TITLE PRISCO, SANTINA, J NAME NAME STREET ADDRESS STREET ADDRESS 3052 WATERFALL DR CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL ☐ Change Addition Delete TITLE TITLE PRISCO, ANGELO, J NAME STREET ADDRESS 3052 WATERFALL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL Change VDS Addition ☐ Delete TITLE TITLE PRISCO, JOHN A NAME NAME 3052 WATERFALL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.