

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11320

1. Entity Name:

CORPORATE TRAFFIC INC.

FILED

00 NOV 14 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2120 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216
US

Mailing Address

2120 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3108231

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICKLER, MARTIN J
5515-2 PHILLIPS HWY.
JACKSONVILLE FL 32207

Name HENRY G. BACHARA, JR.

Street Address (P.O. Box Number is Not Acceptable)
50 N. Laura St., Suite 2200

City JACKSONVILLE FL Zip Code 32202

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

Nov 13, 2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 may be Added to Fees
Trust Fund Contribution: ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CLINE, CHRIS
STREET ADDRESS 583 SELVA LAKES CIRCLE
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE ST
NAME CLINE, CHAD
STREET ADDRESS 583 SELVA LAKES CIRCLE
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Add

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-00 904-727-0057
Date Daytime Phone #