

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90149 029 ***150.00

DOCUMENT # V11320

1. Entity Name
CORPORATE TRAFFIC INC.

Principal Place of Business
**2120 CORPORATE SQUARE BLVD
SUITE 22
JACKSONVILLE FL 32216
US**

Mailing Address
**2120 CORPORATE SQUARE BLVD
SUITE 22
JACKSONVILLE FL 32216
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3108231**

Applied For
Not Applicable

Zip Country

Zip Country

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

**BACHARA, HENRY G JR
50 N. LAURA ST., SUITE 2200
JACKSONVILLE FL 32202**

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 _____
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, 2002 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 NAME ☐ Delete
**P- CLINE, CHRIS
583 SELVA LAKES CIRCLE
ATLANTIC BEACH FL 32233**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete
**ST CLINE, CHAD
583 SELVA LAKES CIRCLE
ATLANTIC BEACH FL 32233**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-02 904-727-0051

CR2E034 (9/01)