

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 150340

Entity Name: YELLOW CAB COMPANY OF ORLANDO, INC.**Current Principal Place of Business:**324 W. GORE ST
ORLANDO, FL 32806**Current Mailing Address:**324 W. GORE ST
ORLANDO, FL 32806 US**FEI Number:** 59-0566976**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWANN HADLEY STUMP DIETRICH & SPEARS, P.A.
200 E. NEW ENGLAND AVENUE
SUITE 300
WINTER PARK, FL 32789 US*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:** RICHARD SWANN

03/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO	Title	DCOB
Name	CARNS, CHARLES EJR	Name	MEARS, PAUL SJR
Address	324 W GORE ST.	Address	324 W GORE ST.
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	VP, CFO, SECRETARY, TREASURER	Title	EVP
Name	BAKER, TIMOTHY L	Name	FORD, DANIEL W
Address	324 W GORE STREET	Address	324 W. GORE ST.
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	D	Title	DIRECTOR
Name	MEARS, PAUL SIII	Name	SWANN, RICHARD
Address	324 W GORE STREET	Address	324 W. GORE ST
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	DIRECTOR		
Name	MEARS, MICHAEL J		
Address	324 W. GORE ST		
City-State-Zip:	ORLANDO FL 32806		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY L. BAKER

VICE PRESIDENT

03/23/2018

Electronic Signature of Signing Officer/Director Detail

Date