## **2017 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: Yes

Name and Address of Current Registered Agent:

SWANN HADLEY STUMP DIETRICH & SPEARS 1031 W. MORSE BLVD SUITE 350 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 04/17/2017

Electronic Signature of Registered Agent

Officer/Director Detail:

Title CEO Title DCOB

NameCARNS, CHARLES EJRNameMEARS, PAUL SJRAddress324 W GORE ST.Address324 W GORE ST.City-State-Zip:ORLANDO FL 32806City-State-Zip:ORLANDO FL 32806

Title VP, CFO, SECRETARY, TREASURER Title EVP

NameBAKER, TIMOTHY LNameFORD, DANIEL WAddress324 W GORE STREETAddress324 W. GORE ST.City-State-Zip:ORLANDO FL 32806City-State-Zip:ORLANDO FL 32806

Title D Title DIRECTOR

NameMEARS, PAUL SIIINameSWANN, RICHARDAddress324 W GORE STREETAddress324 W. GORE STCity-State-Zip:ORLANDO FL 32806City-State-Zip:ORLANDO FL 32806

Title DIRECTOR

Name MEARS, MICHAEL J
Address 324 W. GORE ST
City-State-Zip: ORLANDO FL 32806

SIGNATURE: TIMOTHY L BAKER

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.

Electronic Signature of Signing Officer/Director Detail

VICE PRESIDENT

04/17/2017

FILED Apr 17, 2017

**Secretary of State** 

CC3514871640

Date

Date