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ZUUZ UNIFUNIII BUSINESS NEPUNI (UBN)					Feb 10 20	በብን ደ•በ	n am	
DOCUMENT # F65914 1. Entity Name					Feb 19, 2002 8:00 am Secretary of State			
F&JTA	ANSPORTATION, INC.				02-19-2002 90	057 014 ***150	0.00	
Dringing! Dies	o of Business	Mailing Address		\dashv				
Principal Place of Business Mailing Address Fig. (ETROPT INDUSTRIAL PLACE)								
TAMPA FL 3	rt industrial blvd 3634	5912 JETPORT INDUSTR TAMPA FL 33634	IAL BLVU					
		I	al resolver					
2. Principal F	Place of Business 4 JETPORT INDUSTRIAL	3. Mailing Address 60	NOUSTRIAL B	21/1) (BUILDS 1818 BUIE) UIIUB 18101 11011 811))(E() B)E() (8 B)	
Suite, Apt.		Suite, Apt. #, etc.	DIOV SIMILE L	<u>- M</u> O	DO NOT WRITE IN	THIS SPACE		
TAM P	β FL	City & State TAMPA	FL	4. F	El Number 59-2166692	├	pplied For ot Applicable	
3363°	Country	33634	Country			\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent		7. N	lame and Address of New Regis	tered Agent		
CANNON	L / ICANI KININADO\		Name	NNC	on Jean hir	MARD		
Cannon (Jean Kinnard) 5912 Jetport Industrail BLVD			Street Addre	ess (P.O. B	lox Number is Not Acceptable) TORT TOWN	STRAIL B	1Vd	
TAMPA F								
			SHI AV	r PH	FIA	FL 33%	34	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or reg	istered ag	ent, or both, in the State of Florida			
SIGNATURE	EAN KINNARA C. Signature, typed or printed name of registered agent a	Anne title if applicable. (NO	E: Registe ed Agent signature red	Less guired when re	naid Cannon	1-26-	02	
0 Th's		T	!!! FEE IS \$150.00	· •	T-18-7-			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, 20	102 Fee will be \$550.0 ble to Department of		 Election Campaign Financi Trust Fund Contribution. 		May Be I to Fees	
11.	OFFICERS AND I	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
TITLE	VSD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME " STREET ADDRESS	CANNON, JEAN K 12835 HOLLOWAY ROAD		NAME STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 00000		CITY-ST-ZIP					
TITLE	PTD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	CANNON, FELTON E		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	12835 HOLLOWAY ROAD TAMPA, FL 00000		CITY-ST-ZIP				ı	
TITLE	V	☐ Delete	: TITLE			☐ Change	☐ Addition	
NAME	MENDEZ, CHAR LYNN C		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	11125 BRAMBLEBRUSH TAMPA FL 33624		CITY-ST-ZIP					
TITLE	TAIN ATE GOOLY	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME Street address					

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

annon VSD

813-8811799