

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90314 020 ***150.00

DOCUMENT # H74076

1. Entity Name
TRANSIT GROUP, INC.

Principal Place of Business 2859 PACES FERRY ROAD., STE 1740 ATLANTA GA 30339 US	Mailing Address 2859 PACES FERRY ROAD., STE 1740 ATLANTA GA 30339-6213 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2576629	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 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 _____ (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, 2000 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. BELYEW, PHILIP A 2859 PACES FERRY ROAD., STE 1740 ATLANTA GA 30339	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV NELLUMS, WAYNE N 2859 PACES FERRY ROAD., STE 1740 ATLANTA GA 30339	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DILUZIO, MARK 2859 PACES FERRY ROAD., STE 1740 ATLANTA GA 30339	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV TSANOS, SCOTT J 2859 PACES FERRY ROAD., STE 1740 ATLANTA GA 30339	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAVIS, WAYNE T 2859 PACES FERRY ROAD., STE 1740 ATLANTA GA 30339	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ENGLAND, DAVID R 2859 PACES FERRY ROAD., STE 1740 ATLANTA GA 30339	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Donna L. Raines 2859 Paces Ferry Road Suite 1740 Atlanta, GA 30339	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kim Mattingly 2859 Paces Ferry Road Suite 1740 Atlanta, GA 30339	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Donna L. Raines Date: 4/20/00 Daytime Phone #: (770) 444-0340