

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

04-28-2002 90771 001 ****20.00
 04-28-2002 90771 002 ***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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1901 PHOENIX BLVD	3. Mailing Address 1901 PHOENIX BLVD
Suite, Apt. #, etc. # 210	Suite, Apt. #, etc. # 210
City & State ATLANTA, GA	City & State ATLANTA, GA
Zip 30349	Country USA

4. FEI Number 59-2576629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELYEW, PHILIP A 2859 PACES FERRY ROAD., STE 1740 ATLANTA GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PHILIP A BELYEW 1901 PHOENIX BLVD #210 ATLANTA, GA 30349 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO OVERLEY, JAMIE 2859 PACES FERRY ROAD., STE 1740 ATLANTA GA 30339 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF OPERATING OFFICER JAMES SALMON 1901 PHOENIX BLVD #210 ATLANTA, GA 30349 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/01)

Attachments

34427



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

April 30, 2002

TRANSIT GROUP, INC.
1901 PHOENIX BLVD
#210
ATLANTA, GA 30349 US

Subject: **TRANSIT GROUP, INC.**

Reference Number: **H74076**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$170.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

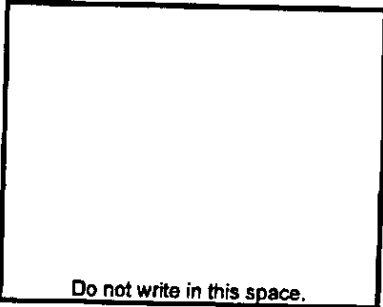
TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN
ANNUAL REPORTS SECTION

Kansas Secretary of State
Limited Liability Company Annual Report **LC**

- 1. Tax Closing Date: 12/31/2001
- 2. Due Date: 4/15/2002
- 3. State of Organization: Delaware
- 4. F.E.I.N. No: 58-2426696
- 5. Telephone No: 678-251-2557



LLC ID No: 2681302
 LLC Name: TRANSIT GROUP TRANSPORTATION, LLC
 NEW Mailing Address: 1901 Phoenix Blvd Ste #210
 Atlanta GA 30349

KANSAS LIMITED LIABILITY COMPANIES ONLY
 6. Members who own 5% or more of capital

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed on the 17 of April, 2002

Member's Signature

Member Name: James Salmon

**PRINT THIS FORM
 FOLLOW FILING INSTRUCTIONS BELOW**

Filing Information

DUE DATE-Annual reports are due when the Kansas annual income tax report is due, generally the 15th day of the fourth month following the close of the tax period. *State law provides that, in addition to penalties, the failure to file the annual report or to pay its annual taxes within 90 days of the time for filing and paying will result in the forfeiture of the company in Kansas.* The annual report must be filed every year if the limited liability company wishes to remain in good standing in Kansas.

EXTENSIONS-An extension of the filing deadline may be obtained by submitting a copy of an application for an extension of time for filing a Kansas or federal income tax return. The request for extension must be filed not more than 90 days after the due date of the annual report. No fee is necessary until the report is filed.

INTERIM REPORT-An interim report must be filed if the tax period changes. The franchise tax for an interim report can be prorated for the number of months the report covers. However,

There is a minimum fee of \$20.00. An interim report cannot be filed for a period greater than 12 months from the date of the last report filed.

~~Attachment~~

34427

#174076

AMENDED REPORT-If this is an amended report, indicate by printing "amended" at the top of the first page.

FRANCHISE TAX CALCULATION-The annual franchise tax is an amount equal to one dollar (\$1) for each one thousand dollars (\$1,000) of the members' net capital accounts located in or used in Kansas at the tax closing date as required to be reported on the federal partnership return of income, or for one-member LLC taxed as a sole proprietorship, one dollar (\$1) for each one thousand dollars (\$1000) of net book value of the LLC as calculated on an income tax basis located in or used in this state. Please round to the nearest whole dollar. This tax shall not be less than \$20 or more than \$2,500.

**Please be sure to enclose a check with the annual report.
Make checks payable to Secretary of State.**

DO NOT SEND CASH

Secretary of State
 Corporations Division
 120 SW 10th Ave., Room 100
 Topeka, KS 66612-1240

Secretary of State Contact Information:
 Phone: (785) 296-4564
 E-mail: kssos@kssos.org
 Web site: www.kssos.org

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