

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90116 033 \*\*\*\*50.00

**DOCUMENT # M99000000036**

1. Entity Name

**TRANSIT GROUP TRANSPORTATION, LLC**

Principal Place of Business

**2859 PACES FERRY ROAD, SUITE 1740  
 ATLANTA GA 30339**

Mailing Address

**2859 PACES FERRY ROAD, SUITE 1740  
 ATLANTA GA 30339**

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**

Zip

**30349**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2426696**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
**MGR BELYEW, PHILIP A**  
 STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1740**  
 CITY-ST-ZIP **ATLANTA GA 30339**

TITLE NAME  Change  Addition  
**MGR BELNEW, PHILIP A**  
 STREET ADDRESS **1901 PHOENIX BLVD #210**  
 CITY-ST-ZIP **ATLANTA, GA 30349**

TITLE NAME  Delete  
**MGR OVERLEY, JAMIE**  
 STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1740**  
 CITY-ST-ZIP **ATLANTA GA 30339**

TITLE NAME  Change  Addition  
**MGR SALMON JAMES**  
 STREET ADDRESS **1901 PHOENIX BLVD #210**  
 CITY-ST-ZIP **ATLANTA, GA 30349**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
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TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**4/17/02**

**678-251-2557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)