

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90117 029 \*\*\*550.00

**DOCUMENT # P01000080056**

1. Entity Name  
**MOMENTUM TRANSPORTATION - USA, INC.**

Principal Place of Business <b>3100 UNIVERSITY BOULEVARD          3100 BUILDING - SUITE 101          JACKSONVILLE FL 32216</b>	Mailing Address <b>3100 UNIVERSITY BOULEVARD          3100 BUILDING - SUITE 101          JACKSONVILLE FL 32216</b>
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2. Principal Place of Business <b>11554 Davis Creek Court</b>	3. Mailing Address <b>5095 Siesta Del Rio Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>	4. FEI Number <b>59-3743337</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32256</b>	Country <b>USA</b>	Zip <b>32258</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCINTYRE, RODNEY K          3100 UNIVERSITY BOULEVARD SOUTH          3100 BUILDING - SUITE 101          JACKSONVILLE FL 32216</b>	7. Name and Address of New Registered Agent Name <b>Don H. Lester, Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>Lester &amp; Mitchell, P.A.</b> <b>1035 LaSalle Street</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32207</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Don H. Lester* **Don H. Lester** 8/27/02  
Signature, typed or printed name of registered agent and title if applicable. (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"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>PUTZKE, BRIAN</b> <b>3100 UNIVERSITY BOULEVARD SOUTH, SUITE 101</b> <b>JACKSONVILLE FL 32216</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11554 Davis Creek Court</b> <b>Jacksonville, FL 32256</b>
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
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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: *Brian Putzke* **Brian Putzke, Pres.** 8/27/02 904-880-1180  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (4/02)