

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90036 008 ***150.00

DOCUMENT # P09458

1. Entity Name

P.F.I. TRANSPORT, INC.

Principal Place of Business

Mailing Address

**PO BOX 684
 600 HAGERTY DRIVE
 FREMONT OH 43420**

**PO BOX 684
 600 HAGERTY DRIVE
 FREMONT OH 43420**

2. Principal Place of Business

2450 ENTERPRISE ST.

3. Mailing Address

2450 ENTERPRISE ST

Suite, Apt. #, etc.

DRAWER A

Suite, Apt. #, etc.

DRAWER A

City & State

FREMONT OHIO

City & State

FREMONT OHIO

Zip

43420

Country

USA

Zip

43420

Country

USA

4. FEI Number **34-1315161**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURTON, PHILLIP
 3904 BUILDERS CIRCLE
 PLANT CITY FL 33566**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
 NAME **KERN, MICHEAL J**
 STREET ADDRESS **1931 CHRISTY RD.**
 CITY-ST-ZIP **FREMONT OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **KERN, THOMAS**
 STREET ADDRESS **1520 FINEFROCK**
 CITY-ST-ZIP **FREMONT OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TS** ☐ Delete
 NAME **BURTON, PHILLIP**
 STREET ADDRESS **25986 W RIVER RD**
 CITY-ST-ZIP **PERRYSBURG OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/01 (419) 333-5681

CR2E034 (10/00)