

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90141 024 \*\*\*150.00

DOCUMENT # **P09458**

1. Entity Name  
**P.F.I. TRANSPORT, INC.**



Principal Place of Business  
**2450 ENTERPRISE STREET  
DRAWER A  
FREMONT OH 43420**

Mailing Address  
**2450 ENTERPRISE STREET  
DRAWER A  
FREMONT OH 43420**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | V                | <input type="checkbox"/> Delete |
| NAME           | KERN, MICHEAL J  |                                 |
| STREET ADDRESS | 1931 CHRISTY RD. |                                 |
| CITY-ST-ZIP    | FREMONT OH       |                                 |
| TITLE          | PD               | <input type="checkbox"/> Delete |
| NAME           | KERN, THOMAS     |                                 |
| STREET ADDRESS | 1520 FINEFROCK   |                                 |
| CITY-ST-ZIP    | FREMONT OH       |                                 |
| TITLE          | TS               | <input type="checkbox"/> Delete |
| NAME           | BURTON, PHILLIP  |                                 |
| STREET ADDRESS | 25986 W RIVER RD |                                 |
| CITY-ST-ZIP    | PERRYSBURG OH    |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Phillip Burton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-03

Date

4193335667

Daytime Phone #

CR2E034 (10/02)