

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90048 019 ***150.00

DOCUMENT # P99000094081

1. Entity Name
REDA TRANSPORT, INC.

Principal Place of Business

**8454 BOGART DR.
 N. FT. MYERS FL 33917**

Mailing Address

**8454 BOGART DR.
 N. FT. MYERS FL 33917**

00091831



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1509 Suncoast Dr
 Suite, Apt. #, etc.

3. Mailing Address

1509 Suncoast Dr
 Suite, Apt. #, etc.

City & State

N. Ft. Myers
 Zip Country
33917 USA

City & State

N. Ft. Myers FL
 Zip Country
33917 USA

4. FEI Number

65-0966641

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITEHEAD, ELAYNA M *Elayne*
8454 BOGART DR.
N. FT. MYERS FL 33917

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	WHITEHEAD, ROBERT L	
STREET ADDRESS	8454 BOGART DR.	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WHITEHEAD, ELAYNE	
STREET ADDRESS	8454 BOGART DR.	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
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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]* **SIGNATURE REQUIRED** **4/23/02** **239-567-1535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)