2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58555

1. Entity Name SUNBELT TRANSPORT, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90126 013 ***150.00

Principal Plac 1801 ART MU: JACKSONVILLI		5 ·	Mailing Address C/O DENNIS D FRICK PO BOX 4667 JACKSONVILLE FL 32201 US									
2. Principal Place of Business				3. Mailing Address				1 (88)	! 0;1001 0;131 F0 0; 0;101 0;11	DI BILL BEBLE BI	ILII EILII OISII DI	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 59-3137060 Applied For Not Applied				
Zip			Zip			Country		Certifica	ate of Status Desired		\$8.75 Ad	ditional
1,60	6. Name	and Address of Current	Registered Agent			l .	7. Name and Address of New Registered Agent					
FRICK, DENNIS D 155 E 21ST STREET					Name Street Address			s (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32206							·			FL	Zip Coc	e
	tions of regist	/ submits this statement for ered agent. or printed name of registered agent					r registered a		poth, in the State of Fic	prida. I am DATE	familiar with,	and accept
Afte Make Checi	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o						-	Election Campaign Fin	n. [Adde	00 May Be d to Fees
TITLE ; NAME STREET ADDRESS CITY-ST-ZIP		OFFICERS AND I, JOHN E MUSEUM DR. ILLE FL 32207	DIRECTO	Delete				DITION	S/CHANGES TO OFF	ICERS AIVI	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1801 ART I	IGHAM, RAY M MUSEUM DRIVE ILLE FL 32207	, ,	☐ Delete		E Et address -St-Zip	1801 A	AS/T AY M. VanLandingham BO1 Art Museum Drive acksonville, FL 32207				Addition
NAME STREET ADDRESS CITY-ST-ZIP	JACKSONV	SH MUSEUM DR. ILLE FL 32207		X Delete							☐ Change	Addition
	VS FRICK, DEN 155 EAST 2 JACKSONV	21ST STREET		☐ Delete							☐ Change	☐ Addition
TITLE NAME Street Address City-St-Zip		ick J. Juseum dr. Ille fl 32207		Delete				Art Mi	pley useum Drive Le, FL 32207	,	Change Change	☐ Addition
TITLE Name Street address City-St-Zip				□ Delete	1						☐ Change	Addition
indicated of the cor	on this report poration or th	information supplied with or supplemental report is e receiver or trustee empo chment with an address, v	true and owered to	accurate and that next accurate this report.	nv signati	ure shall h	ave the same	e legal effe	ect as if made under o	ath: that La	am an officer	or director

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

JANUARY 22, 2003 904-355-178

Daytime P

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