FILED
Jun 18, 2002 8:00 am
Secretary of State
05-21-2002 91190 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014373

1. Entity Name
MDB Express Transport Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

35696
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
44141 East Lake Dr.	44141 E. Lake Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deland FL.	City & State: Deland FL.
Zip: 32720 County:	Zip: 32720 County:

4. FEI Number: 59-3620639 — Applied For / Not Applicable

5. Certificate of Status Desired: ☐ — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Burgess Michael Jr.
Street Address (P.O. Box Number is Not Acceptable): 44141 E. Lake Dr.
City: Deland FL Zip: 32720

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] 4/29/02
(Typed or printed name of registered agent and title if applicable) (Registered Agent's signature required when changing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	Michael D. Burgess SR.
STREET ADDRESS	44141 E. Lake Dr.
CITY-ST-ZIP	Deland FL. 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E045 (1/01)

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 12 above, with an attached with all other like empowered.

SIGNATURE: [signature] Michael D. Burgess 352-669-0147 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date