

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90086 035 ***150.00

DOCUMENT # 146852

1. Entity Name
PASCO TRANSPORT, INC.

Principal Place of Business 9721 US HIGHWAY 98 STE. 1 RICHLAND FL 33525 US	Mailing Address 400 N TAMPA ST SUITE 1700 TAMPA FL 33602 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0623327	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DOLINGER, NATHANIEL L ESQ.
 C/O CARLTON FIELDS
 777 S. HARBOUR ISLAND BLVD.
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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, 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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	PEISER, ROBERT A	
STREET ADDRESS	326 LAKEWOOD DR.	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	VILJOEN, GARY	
STREET ADDRESS	13060 SANCTUARY COVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUISSON, LOUIS J	
STREET ADDRESS	5521 PINNACLE HEIGHTS CIRCLE, APT. 208	
CITY-ST-ZIP	TAMPA FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	JOHNSON, KIMBERLY S	
STREET ADDRESS	4514 FERNCROFT CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PELLERIN, CRAIG R	
STREET ADDRESS	5002 PICKETT CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MITCHELL, JOHN	
STREET ADDRESS	1304 STARRY NIGHT STREET	
CITY-ST-ZIP	WESLEY CHAPEL FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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: *Kimberly S Johnson* **Kimberly S Johnson** 1-5-01 877 595 3727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)