2001 UNIFORM BUSINES REPORT (UBR) **FILED** Feb 07, 2001 8:00 am Secretary of State **DOCUMENT # 314784** 1. Entity Name PENSER TRANSPORTATION INC 02-07-2001 90136 016 ***150.00 Principal Place of Business Mailing Address 1610 INDUSTRIAL BOULEVARD 1610 INDUSTRIAL BOULEVARD JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1160244 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired *Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'DELL, J R Street Address (P.O. Box Number is Not Acceptable) 237 ADAMS LANE **ORANGE PARK FL 32073** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD Chairman - D TITLE ☐ Delete TITLE ☐ Addition O'Dell, Sv. J.R. 237 Adams Ln. O'DELL, J R NAME NAME STREET ADDRESS 237 ADAMS LANE STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL CITY-ST-ZIP Orange Park, Fl. 32003 ☐ Delete ☐ Addition Change O'DELL, J W NAME 2778 INDIAN HILL DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 00000 CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete ENGLISH, SHERROD O. NAME NAME STREET ADDRESS 9721 CHESTERFIELD DR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition O'Dell, Jr J.R. NAME NAME 9556 Pickwick Dr. STREET ADDRESS STREET ADDRESS Jacksonville, FI - 32257 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

model Si.

J.R.O'Dell, SV

1/3/01

904-186-1811-201

☐ Change

Addition

Daytime Phone #