2001 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2001 8:00 am Secretary of State DOCUMENT # 360865 BYNUM TRANSPORT, INC. 01-23-2001 90013 006 ***150.00 Principal Place of Business Mailing Address 70 THORNHILL ROAD 70 THORNHILL ROAD AUBURNDALE FL 33823 AUBURNDALE FL 33823 HS LIS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 59-1145612 4. FEI Number Applied For Not Applicable ---Zip -Country - -\$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 BYNUM, DURWARD Street Address (P.O. Box Number is Not Acceptable) 70 THORNHILL ROAD **AUBURNDALE FL 33823** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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. TITLE ☐ Delete Addition TITLE Change BYNUM DURWARD D NAME NAME 70 THORNHILL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 33823 CiTY-ST-7iP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BYNUM, TODD D NAME NAME 70 THORNHILL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AUBURNDALE FL 33823** _CITY-ST-ZIP 🔀 Delete TITLE TITLE Addition BRYNUM, TODD D NAME NAME BYNUM, CAROLYN J. 4609 HWY 92 E STREET ADDRESS STREET ADDRESS 70 THORNHILL ROAD LAKÈLAND FL CITY-ST-7IP CITY-ST-ZIP AUBURNDALE, FL 33823 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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.

FILED

SIGNATURE: Durward Bynum 01/10/01 (863) 967-3244

SIGNATURE AND TYPED OR PRINCED MARKE OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #