

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90238 002 \*\*\*150.00

**DOCUMENT # 387229**

1. Entity Name  
**J.E. FORTIN TRANSPORT (U.S.) INC.**



Principal Place of Business  
**9 ACORN DRIVE  
HOLLYWOOD FL 33021**

Mailing Address  
**PO BOX 1339  
CHAMPLAIN NY 12919  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1408053**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAY, LAWRENCE D  
1205 UNIVERSAL MARION BLDG  
JACKSONVILLE FL 32201**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>DST</b>	<b>FORTIN, JEAN CLAUDE</b>	<b>18 FORTIN BLVD</b>							
		<b>ILE AUX NOIX, QU</b>								
	<b>PD</b>	<b>FORTIN, J EUGENE</b>	<b>241 ST JACQUES ST</b>							
		<b>NAPIERVILLE, QUE</b>								
	<b>DV</b>	<b>DUPUIS, JACQUES</b>	<b>90 ROUTE 217</b>							
		<b>ST BRNRD, QU CAN</b>								

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**JEAN-CLAUDE FORTIN**

**JEAN-CLAUDE FORTIN 02-06-03 450-246-3867**

Date

Daytime Phone #

CR2E034 (10/02)