

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90123 011 ***150.00

DOCUMENT # 630583

1. Entity Name

STONIER TRANSPORTATION GROUP, INC.



Principal Place of Business
3131 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32246

Mailing Address
3131 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1921601**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JOHNSON, KEITH H.
8810 GOODBY'S EXECUTIVE DRIVE
SUITE A
JACKSONVILLE FL FL 32217

7. Name and Address of New Registered Agent

Name **MICHAEL P. WILLIAMS**
Street Address (P.O. Box Number is Not Acceptable)
3131 ST JOHNS BLUFF RD
City **JACKSONVILLE** FL Zip Code **32246**

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]* **MICHAEL P. WILLIAMS**

1-7-03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **STCO** ☐ Delete
NAME **PLATAK, THOMAS**
STREET ADDRESS **12875 QUAILBROOK DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **CEO** ☐ Delete
NAME **STEELE, ALLEN J.**
STREET ADDRESS **7174 RAMOTH DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **ST** ☐ Delete
NAME **BARBER, LORAH M**
STREET ADDRESS **3395 LIGHTHOUSE POINTE LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☐ Delete
NAME **STONIER, DAVID D**
STREET ADDRESS **4025 EBB ISLAND CIR. W**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME **THOMAS W. PIATAK**
STREET ADDRESS **3131 ST JOHNS BLUFF RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **C/D** ☒ Change ☐ Addition
NAME **ALLEN J. STEELE**
STREET ADDRESS **3131 ST JOHNS BLUFF RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **S/T/D** ☒ Change ☐ Addition
NAME **LORAH BARBER-ASHMORE**
STREET ADDRESS **3131 ST JOHNS BLUFF RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **VP/D** ☒ Change ☐ Addition
NAME **DAVID D. STONIER**
STREET ADDRESS **3131 ST JOHNS BLUFF RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **UP** ☐ Change ☒ Addition
NAME **MICHAEL P. WILLIAMS**
STREET ADDRESS **3131 ST JOHNS BLUFF RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 former names empowered.

SIGNATURE:

[Signature] **MICHAEL P. WILLIAMS**

1-7-03

204 224-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)