

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90120 021 \*\*\*150.00

**DOCUMENT # F00000000622**

1. Entity Name

**METRO TRANSPORTATION GROUP, INC.**

Principal Place of Business

Mailing Address

**1342 COLONIAL BLVD., SUITE 30**  
**FT. MYERS FL 33907****1342 COLONIAL BLVD., SUITE 30**  
**FT. MYERS FL 33907**

2. Principal Place of Business

**12651 McGregor Blvd**

3. Mailing Address

**12651 McGregor Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 4-403****Suite 4-403**

City &amp; State

City &amp; State

**Fort Myers, FL****Fort Myers, FL**

Zip

Country

Zip

Country

**33919****USA****33919****USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3075322**

Applied For

Not Applicable

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

**BANKS, JAMES M****1342 COLONIAL BLVD., SUITE 30**  
**FT. MYERS FL 33907**

Name

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

**12651 McGregor Blvd, Suite 4-403**

City

**Fort Myers****FL**Zip Code  
**33919**

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)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>CPT</b>	TITLE	
NAME	<b>MILLER, DAVID B</b>	NAME	
STREET ADDRESS	<b>1300 GREENBROOK BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HANOVER PARK IL 60103-5482</b>	CITY-ST-ZIP	
TITLE	<b>VS</b>	TITLE	
NAME	<b>KILIAN, ROLF P</b>	NAME	
STREET ADDRESS	<b>1300 GREENBROOK BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HANOVER PARK IL 60103-5482</b>	CITY-ST-ZIP	
TITLE	<b>AS</b>	TITLE	
NAME	<b>FIX, JANIS L</b>	NAME	
STREET ADDRESS	<b>1300 GREENBROOK BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HANOVER PARK IL 60103-5482</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**David B. Miller****02/22/01****(630) 213-1000**

CR2034 (10/00)