

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 15, 2001 08:00 AM****Secretary of State****DOCUMENT # F00000002506**1. Entity Name
FDL TRANSPORTATION, INC.

Principal Place of Business

1017 LAURELWOOD

CARMEL
46032

IN

Mailing Address

1017 LAURELWOOD

CARMEL
46032

IN

2. Principal Place of Business

6990 LAKE ELLENOR DRIVE

3. Mailing Address

6990 LAKE ELLENOR DRIVE

Suite, Apt. #, etc.
SUITE 103BSuite, Apt. #, etc.
SUITE 103BCity & State
ORLANDO FLCity & State
ORLANDO FLZip
328094657Country
USZip
328094657Country
US

4. FEI Number

35-2105212

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELLIS STEVE
621 OLYMPIC DRIVEOCOE
34671

US

FL

7. Name and Address of New Registered Agent

Name

ELLIS STEVE MR

Street Address (P.O. Box Number is Not Acceptable)
6990 LAKE ELLENOR DRIVE

SUITE 103B

City
ORLANDO

FL

Zip Code
328094657

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 **STEVE ELLIS**

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

(NOTE: Registered Agent signature required when reinstating)

02/15/2001

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	STRIEBEL STEPHEN H	
STREET ADDRESS	1017 LAURELWOOD	
CITY-ST-ZIP	CARMEL IN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRIEBEL STEPHEN H	
STREET ADDRESS	1017 LAURELWOOD	
CITY-ST-ZIP	CARMEL IN 46032	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **STEPHEN H. STRIEBEL**

P

02/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)