

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000007155

1. Entity Name
U.S. TRANSPORTATION SERVICES, INC.



Principal Place of Business
8530 HWY ONE
UNIT 3
SEBASTIAN, FL 32976

Mailing Address
205 PENNBRIAR DRIVE
ERIE, PA 16509

FILED
Aug 11, 2008 08:00 AM
Secretary of State



08042008 No Chg-P CR2E034 (11/05)

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4. FEI Number
25-1760146

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KUNEY, KELBY W
8530 HWY UNIT 3
SEBASTIAN, FL 32976

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOODELLE, GARY
STREET ADDRESS	205 PENNBRIAR DRIVE
CITY-ST-ZIP	ERIE, PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000957457
08/11/08-80002-005 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Miriam R Thomas MIRIAM R THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/05/08

Date

814 824 9949

Daytime Phone #