

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90115 040 ***550.00

DOCUMENT # F01000003902

1. Entity Name

USA TRANSPORTATION SERVICES, INC.



Principal Place of Business
2401 21ST AVENUE SOUTH
STE. 200
NASHVILLE TN 37212

Mailing Address
2401 21ST AVENUE SOUTH
STE. 200
NASHVILLE TN 37212

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
62-1861887

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2004 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	S	<input type="checkbox"/> Delete
NAME	ABBOTT, HENRY J	
STREET ADDRESS	2401 21ST AVE S SUITE 200	
CITY-ST-ZIP	NASHVILLE TN 37212	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	VARESCHI, WILLIAM	
STREET ADDRESS	2401 21ST AVENUE SOUTH	
CITY-ST-ZIP	NASHVILLE TN 37212	
TITLE	P	<input type="checkbox"/> Delete
NAME	BODEUHAMMER, WILLIAM JR	
STREET ADDRESS	2401 21ST AVE S SUITE 200	
CITY-ST-ZIP	NASHVILLE TN 37212	
TITLE	ICFO	<input checked="" type="checkbox"/> Delete
NAME	VARESCHI, WILLIAM	
STREET ADDRESS	2401 21ST AVE S SUITE 200	
CITY-ST-ZIP	NASHVILLE TN 37212	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monroe Carell, Jr	
STREET ADDRESS	2401 21st Ave South	
CITY-ST-ZIP	Nashville, TN 37212	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Bodenhamer	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Shapiro	
STREET ADDRESS	2401 21st Ave South	
CITY-ST-ZIP	Nashville, TN 37212	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emanuel Eads	
STREET ADDRESS	Same as above	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

SIGNATURE:

Henry J. Abbott

Henry J. Abbott

6-23-04 (615)297-4855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #