2001 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2001 8:00 am **DOCUMENT # F55042 Secretary of State** 1. Entity Name BONITA LIMESTONE TRANSPORTATION, INC. 01-23-2001 90080 036 ***150.00 Principal Place of Business Mailing Address 4602 DEL RIO LANE 4802 DEL RIO LANE BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923 UUUU06765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2158340 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, HENRY PAUL Street Address (P.O. Box Number is Not Acceptable) 6736 LONE OAK BLVD. NAPLES FL 33942-6834 City Zio 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TREASURUR SECRETARY TITLE ☐ Channe TITLE ☐ Delete RICHARD T. BENOIT BENOIT, DENISE NAME NAME 4551 DEL RIO LN 4602 DEL RIO LN. STREET ADDRESS STREET ADDRESS BONITA SALINGS FL 34134 **BONITA SPRINGS FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE BENOIT, DENIS A. NAME NAME 4602 DEL RIO LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS 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: Versionature and t

I MUSICAL PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1101 941-992-6300 Date Dayling Phone #