

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000000081**

1. Entity Name

PERDUE TRANSPORTATION INCORPORATED**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 90937 041 ***150.00

Principal Place of Business

Mailing Address

PO BOX 1537 - OLD OCEAN CITY ROAD
SALISBURY MD 21801PO BOX 1537 - OLD OCEAN CITY ROAD
SALISBURY MD 21802-1537

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1188595

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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

TITLE PD
NAME PERDUE, JAMES A
STREET ADDRESS 5381 ROYAL MILE BLVD
CITY-ST-ZIP SALISBURY MD ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE D
NAME TURLEY, ROBERT A
STREET ADDRESS 30705 FOX CHASE DR
CITY-ST-ZIP SALISBURY MD ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE S
NAME BARNES, R E
STREET ADDRESS RT. 2 BOX 107
CITY-ST-ZIP PRINCESS ANNE MD ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE T
NAME MAHN, THOMAS E
STREET ADDRESS 4406 STURBRIDGE DR
CITY-ST-ZIP SALISBURY MD ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE DC
NAME PERDUE, FRANKLIN P
STREET ADDRESS 1529 WOODLAND
CITY-ST-ZIP SALISBURY MD ☐ DeleteTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: *Robert A. Turley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

034 (9/99)