

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90068 047 \*\*\*150.00

**DOCUMENT # F96000006192**

1. Entity Name

**OZINGA TRANSPORTATION SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**21900 S. CENTRAL AVENUE  
 MATTESON IL 60443**

**21900 S. CENTRAL AVENUE  
 MATTESON IL 60443-2802**

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

**36-3506930**

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

7. Name and Address of New Registered Agent

**PARKER, GEORGE  
 10091 SW 158 TERRACE  
 MIAMI FL 33157-1644**

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 State**

10. 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	DC	<input type="checkbox"/> Delete
NAME	OZINGA, MARTIN III	
STREET ADDRESS	21900 S. CENTRAL AVENUE	
CITY-ST-ZIP	MATTESON IL 60443	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOUSMA, RICHARD	
STREET ADDRESS	21900 S. CENTRAL AVENUE	
CITY-ST-ZIP	MATTESON IL 60443	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OZINGA, RICHARD K	
STREET ADDRESS	21900 S. CENTRAL AVENUE	
CITY-ST-ZIP	MATTESON IL 60443	
TITLE	T	<input type="checkbox"/> Delete
NAME	VAN DYK, DONALD L	
STREET ADDRESS	21900 S. CENTRAL AVENUE	
CITY-ST-ZIP	MATTESON IL 60443	
TITLE	D	<input type="checkbox"/> Delete
NAME	OZINGA, JAMES A	
STREET ADDRESS	21900 S. CENTRAL AVENUE	
CITY-ST-ZIP	MATTESON IL 60443	
TITLE		<input type="checkbox"/> Delete
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
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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: *Donald L Van Dyk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

Date

708-720-6000

Daytime Phone #

CR2E034 (9/99)