

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004158

1. Entity Name

TRANSBRIDGE INTERMODAL SERVICES, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90077 018 ***150.00

Principal Place of Business CHATHAM CTR. ORLEAN BLDG. , SUITE 350 SAVANNAH GA 31405	Mailing Address P.O. BOX 2253 SAVANNAH GA 31402-2253
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DO NOT WRITE IN THIS SPACE

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 58-1867701	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BURCH, KEN 5051 PROPELLER DR. JACKSONVILLE FL 32206
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7. Name and Address of New Registered Agent Name Robert C. Schuler Street Address (P.O. Box Number is Not Acceptable) 5051 Propeller Drive City Jacksonville FL Zip Code 32226
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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 <u>Robert C. Schuler</u> Robert C. Schuler Gen Mgr, FL 4/19/00 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PEEPLES, FRANK K SYLAN ISLAND SAVANNAH GA 31405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6001 Chatham Ctr. Dr. Ste. 350 Savannah, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYFIELD, E. GAY 6001 CHATHAM CTR. SAVANNAH GA 31405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BENTON, JOHN R JR. 6001 CHATHAM CTR. SAVANNAH GA 31405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STROUSE, DEBRA M 6001 CHATHAM CTR. SAVANNAH GA 31405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Ann P. Cox 6001 Chatham Ctr. Dr. Ste. 350 Savannah, GA 31405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Ann P. Cox</u> Secretary <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/11/00	Daytime Phone # (912)239-1331
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CR2E034 19/99