

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H74076

1. Entity Name
TRANSIT GROUP, INC.

Principal Place of Business
2859 PACES FERRY ROAD., STE 1740
ATLANTA GA 30339
US

Mailing Address
2859 PACES FERRY ROAD., STE 1740
ATLANTA GA 30339
US

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 59-2576629

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

PETER F. SOUZA
ASSISTANT SECRETARY

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

10/26/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME BELYEW, PHILIP A
STREET ADDRESS 2859 PACES FERRY ROAD., STE 1740
CITY-ST-ZIP ATLANTA GA 30339 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CFOV
NAME NELLUMS, WAYNE N
STREET ADDRESS 2859 PACES FERRY ROAD., STE 1740
CITY-ST-ZIP ATLANTA GA 30339 ☒ Delete

TITLE COO
NAME OVERLEY, JAMIE
STREET ADDRESS 2859 PACES FERRY ROAD, SUITE 1740
CITY-ST-ZIP ATLANTA, GA 30339 ☐ Change ☒ Addition

TITLE SVP
NAME DILUZIO, MARK
STREET ADDRESS 2859 PACES FERRY ROAD., STE 1740
CITY-ST-ZIP ATLANTA GA 30339 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CFOV
NAME TSANOS, SCOTT J
STREET ADDRESS 2859 PACES FERRY ROAD., STE 1740
CITY-ST-ZIP ATLANTA GA 30339 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE C
NAME DAVIS, WAYNE T
STREET ADDRESS 2859 PACES FERRY ROAD., STE 1740
CITY-ST-ZIP ATLANTA GA 30339 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME RAINES, DONNA L
STREET ADDRESS 2859 PACES FERRY ROAD., STE 1740
CITY-ST-ZIP ATLANTA GA 30339 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/01

Date

770-444-0240

Daytime Phone #

0108457 AT

FILED

01 OCT 30 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR20034 (5/01)

STATEMENT