2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # J01658** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** APPLE TRANSPORTATION, INC. 01-19-2000 90243 039 ***150.00 Principal Place of Business Mailing Address 15501-6 MCGREGOR BLVD. **EDWARD DALLAS** 17274 SAN CARLOS BLVD. STE. 202 STE 6 FT MYERS BEACH FL 33931-5321 FT MYERS FL 33908 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0491697 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DALLAS, EDWARD Street Address (P.O. Box Number is Not Acceptable) 17274 SAN CARLOS BLVD. FT. MYERS BEACH FL 33931 Zip Code FL 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE POELKER, JOHN J. JR. NAME NAME STREET ADDRESS 16081-2 AMBERWOOD COURT, UNIT D-2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-2000 941

Doubling Phone #

☐ Change

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■ Addition

Addition

Daytime Phone #