2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K28729 Feb 26, 2000 8:00 am Secretary of State SCOTTIE TRANSPORT, INC. 02-26-2000 90036 022 ***150.00 Mailing Address Principal Place of Business P.O BOX 40314 10435 N MAIN ST JACKSONVILLE FL 32218 JACKSONVILLE FL 32203-0314 E0024629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2899246 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TATHAM, C.J. Street Address (P.O. Box Number is Not Acceptable) 562 N. NAUTICAL BLVD. ATLANTIC BEACH FL 32203 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 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. \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DSP Addition TITLE TITLE ☐ Delete TATHAM, C. J. NAME NAME 562 N. NAUTICAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIC BCH FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE TATHAM, C.J. NAME NAME 562 N. NAUTICAL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BCH FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS 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:

SIGNASORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-00

904-757-9250

Daytime Phone #