FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K51459

MARINE INLAND TRANSPORTATION COMPANY

DO NOT WRITE IN THIS SPACE

FILED Mar 31, 2002 8:00 am Secretary of State 03-31-2002 90330 004 ***150.00

B0053847

								:		
2. Principal Place of Business 3. Mailing Address										
8259 Causeway Blvd 8259 Causeway Bl										
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & State City & State					1	4. FEI Number			ed For	
Tampa, FL Tampa, FL					5	59-2923579			pplicable	
Zip 33	Country U.S.A.	Zip 33619	try At an and	5.	5. Certificate of Status Desired Status Desir			nal		
				7. Name and Address of Current Registered Agent						
					Name					
DO NOT WRITE				Kimbrell, James S. Street Address (P.O. Box Number is Not Acceptable)						
				14547 Feathersound						
IN THIS SPACE										
					City City Code					
				City Clearwater FL						
Clearwater 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 January 1 - May 1 Fee is \$150.00										
Tax filing requirement and elects to do so.						10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
(See criteria on back) Make Check Payable					of State	Trast i bila Contribution.		Added to	Fees	
11. OFFICERS AND DIRECTORS										
TITLE	PSD		TITLE						<u>.</u> [
NAME	Young, William H.		NAME	E					12	
STREET ADDRESS	502 Lisa Lane		STRE	ET ADDRESS					Ω	
CITY-ST-ZIP	Brandon, F15.33511		CITY-	-St-ZIP					8	
TITLE	Section, 125.35911		TITLE						CR2E034B (12/01)	
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13. 1 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 on an attachment with an address, with all other like empowered.										
SIGNATURE:										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #										