4/24/03 313-661-3510-2 Date Daytime Phone #

2003 FOR PROFIT CORPORATION

UN	IFOR	M BUSIN	ES5	REPOR	T (UBR)		Apr 20, 2	OUJ ().UU	, am
DOCUMENT # K51459 1. Entity Name MARINE INLAND TRANSPORTATION COMPANY								Secretary of State 04-28-2003 90476 014 ***150.00			
Principal Place of Business 1201 OAKFIELD DRIVE SUITE 104 BRANDON FL 33511				Mailing Address 1201 OAKFIELD DRIVE SUITE 104 BRANDON FL 33511				T DOGUNES DOG BUILD HAND DEPREMENTATION DESCRIPTION BUILD BUT			
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			4.	FEI Number 59-2923579			plied For Applicable
Zip	p Country				ntry	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Curre	nt Registere	stered Agent			~7. Name and Address of New Registered Agent				
			•	· ·		Name					
KIMBRELL, JAMES S 14547 FEATHERSOUND					Street Address (P.O. Box Number is Not Acceptable)						
CLEARWA								-			
						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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) > DATE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) > DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Final Trust Fund Contribution.	ncing		May Be to Fees
10.		OFFICERS AN			11.		ΑC	L DDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTORS	IN 11
TITLE NAME STREET ADDRESS	PSD YOUNG, V 502 LISA	VILLIAM H LANE	:	☐ Delete	TITLI NAM STRE	ET ADDRESS	-			Change	☐ Addition
CITY-ST-ZIP	BRANDUN	FL 33511				-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		l l			Li	Change	Addition
TITLE			:	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	_		~ ~-!			E - CET ADDRESS - ST-ZIP	-		-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS				Delete		E ET ADDRESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAM STRE	- I				Change	Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:											