2002 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2002 8:00 am K91674 **DOCUMENT # Secretary of State** 1. Entity Name PHOENIX TRANSPORT & SERVICES, INC. 02-03-2002 90009 032 ***150 00 Principal Place of Business Mailing Address 45 W. SMITH ST. P O BOX 770487 WINTER GARDEN FL 34787 WINTER GARDEN FL 34777-0487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2960412 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired - - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRAY, VALERIE A Street Address (P.O. Box Number is Not Acceptable) **524 SAND LIME ROAD WINTER GARDEN FL 34787** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition TITLE ☐ Delete TITLE Change WHITE, ANDREA H NAME NAME 995 TILDENVILLE SCH RD STREET ADDRESS STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP CITY-ST-7IP VΡ ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME WHITE, ERNEST KENNETH NAME 995 TILDENVILLE SCH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIE Change Addition TITLE ☐ Delete TITLE NAME NAME austin, Kathryn W STREET ADDRESS 993 TILDENVILLE SCH RD STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

1-17-02 407-905-0446

FILED