2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # L0100009952 05-06-2002 90131 025 ****50.00 KMX TRANSPORTATION SERVICES, 11 6 Principal Place of Business Mailing Address 393 AUTUMN BREEZE WAY 393 AUTUMN BREEZE WAY WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address 2040 NOTTING-DALE LAND 2040 NOTTINGOALE LANG Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PARK NINTER. PANK, FL NINTER *59-* 3726429 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired SEMINOLE 32792 SEMINULE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL-GABLES FL-33134 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE PRESIDENT Delete TITLE (9/01) Addition ANTHONY KING, RICHARD JR. NAME RICHARD A. KING Jr. NAME STREET ADDRESS 393 AUTUMN BREEZE WAY STREET ADDRESS 2040 NOTTINGBLE CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP WINTON PANK, FL 32792 MGR TITLE ☐ Delete TITLE Change Addition NAME MENTO, FRANK JAMES JR. FRANK JAMES MENTO JU NAME STREET ADDRESS 393 AUTUMN BREEZE WAY STREET ADDRESS 2040 NOTTIME OALE LN CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-Z!P TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

FILED