DOCUI	MENT # L73122 OUS TRANSPORTATION CO.	FILED Mar 20, 2000 8:00 am Secretary of State 03-20-2000 90146 007 ***150.00						
Principal Place of Business 6212 29TH ST., EAST BRADENTON FL 34203		Mailing Address 6212 29TH ST., EAST BRADENTON FL 34203-5304		1,188;;64 80 1428		094	N 87871 (88)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			OO NOT WRITE IN THIS !	SPACE		
City & State		City & State		4. FEI Number 6	5-0204963	<u> </u>	plied For at Applicable	
Zip	Country	Zip†	Country	5. Certificate of Stat	us Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent	N	7. Name and Addre	ss of New Registered	Agent		
WALTERS, JEFFREY K. 6212 29TH STREET, EAST BRADENTON FL 34203			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
		:	City		FL	Zip Code	e	
SIGNATURE _ 9. This corpo Tax filing re	named entity submits this statement for Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW! After MAY 1, 200 Make Check Payab	Registered office or registric. Registered Agent signature requirer. PEE IS \$150.00 Reg will be \$550.00 Reto Department of Si	10. Election (Trust Fundate	DATE Campaign Financing d Contribution.	Added	O May Be	
11.	OFFICERS AND		12.	ADDITIONS/CHAN	GES TO OFFICERS AND			æ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTERS, CHARLES 7305 LINKS COURT SARASOTA FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	(2E034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTERS, JOHN D. III 6804 PINEHURST PLACE BRADENTON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALTERS, JEFFREY K. 6816 PINEHURST PLACE BRADENTON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	, TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee amor or on an attachment with avaddress.	true and accurate and that m	iv signature shall have the	e same legal effect as if r	nade under oath: that La	em an officer.	or director 1	
JIGHA	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	D	ate D	aytime Phone #		