

2001 UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT 2001

DOCUMENT # M990000000036

1. Entity Name

TRANSIT GROUP TRANSPORTATION, LLC

FILED

OCT 17 PM 12:17

Principal Place of Business

2859 PACES FERRY ROAD, SUITE 1740
ATLANTA GA 30339

Mailing Address

2859 PACES FERRY ROAD, SUITE 1740
ATLANTA GA 30339

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

2426696
58-2520006

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

900004649639--5

-10/23/01--01037--011

****105.00 ****105.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BELYEW, PHILIP A
2859 PACES FERRY ROAD, SUITE 1740
ATLANTA GA 30339 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
NELLUMS, WAYNE N
2859 PACES FERRY ROAD, SUITE 1740
ATLANTA GA 30339 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
OVERLEY, JAMIE
2859 PACES FERRY ROAD, SUITE 1740
ATLANTA, GA 30339 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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CITY-ST-ZIP
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/28/01

770-444-0240

Date

Daytime Phone #

CR2E083 (11/00)