2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P0000000152

1. Entity Name

FREIGHT TAXI, INC.



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90125 034 ***150.00

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Suite, Apt. #. etc. Suite, Apt. f. etc. City & State Country Zip Country S. Certificate of Status Desired S8.75 Additions S8.75 Additi	12297 NORTH	WEST 1ST STREET	12297 NORTHWEST 1ST	STREET							
City & State Country Country S. Contrictor of Status Desired S. 7. Name and Address of Status Desired S. 7. Name and Address of Status Desired S. 7. Name and Address of New Registered Agent NELMS, JOSEPH L JR 12297 NORTHWEST IST STREET PLANTATION FL 33325 City City FL Stroet Address (P.O. Box Number is Not Acceptable) City	2. Principal Place of Business		3. Mailing Address				.				
Zip Country Zip Country S. Certificate of Status Dealred \$8.75 Additor \$9.75 Additor \$9.	Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Signature (and section of the presentation of	City & Stat	le	City & State			4.	FEI Number 65-097004	4		pplied For	_
NELMS, JOSEPH L JR 12297 NORTHWEST 1ST STREET PLANTATION FL 33325 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent	Zip	Country	Zip Country			5.	5 Cortificate of Status Posicad				
NELMS, JOSEPH L JR 12297 NORTHWEST 1ST STREET PLANTATION FL 33325 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or post or guitaveral agent and title if applicable. FILE NOW!!! FEE IS \$150,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME SIRET ADDRESS 12297 NORTHWEST 1ST STREET PLANTATION FL 33325 THE NAME SIRET ADDRESS CITY-S1-2P PLANTATION FL 33325 CITY-S1-2P PLANTATION FL 33325 CITY-S1-2P PLANTATION FL 33326 CITY-S1-2P CHANGES CITY-S1-	6. Name and Address of Current Registered Agent				T	7	Name and Address of New				┨
NELMS, JOSEPH L JR 12297 NORTHWEST IST STREET PLANTATION FL 33325 City FL Zip Code 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 Fiolida. I am familiar with, and the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS AND DIRECTORS IN THE STREET PLANTATION FL 33325 ITILE WO NELMS, JOSEPH L JR. 12297 NORTHWEST IST STREET PLANTATION FL 33325 ITILE STREET ADRESS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS 10. OFFICERS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS 10. OFFICERS 10. OFFICERS 10. OFFICERS 10. OFFICERS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS 10. OFFICERS 10. OFFICERS AND DIRECTORS IN THE MANE STREET ADRESS 10. OFFICERS 10. OFF			Trogio.org Agent				Italie and Address of Item	negistered A	gent.		┨
PLANTATION FL 33325 The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Spreamen, typed or private registered agent and tile if applicable. ORDITE Registered Agent agrulure required when remitating) DATE											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature type or prints reine of registered agent and title if applicable. (NOTE: Registered Agent signature required when resistating) DATE		· · == ·									$\frac{1}{1}$
SIGNATURE Signature typed or preted registered agent and title if applicable. (NOTE Registered Agent signature required when resistating) DATE						City				1 '	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NELMS, JOSEPH L JR. NAME 12297 NORTHWEST 1ST STREET PLANTATION FL 33325 CITY-ST-ZIP NELMS, KELLY J NAME NELMS, KELLY J NAME STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33325 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z	the obligat	ions of registered agent.							miliar with,	and accept	
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12. I hereby 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 of 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: $oldsymbol{\Sigma}$

TO SEPH L. TR. NELMS
TO SEPH L. TR. NELMS
TO OR PRINTED NAME OF SECULOR TO THE CONTROL OF SECULORITY TO

Daytime Phone #