## 2000 UNIFORM BUSINESS REPORT (UBK)

DOCUMENT # P0000000979

1. Entity Name BNC TRANSPORT, INC.

FILED May 15, 2000 8:00 am Secretary of State

03-04-2000 90090 035 \*\*\*158.75

| rincipal Place o   | of Business   |   | Mailing Address  |  |                      |                                    |                                      |           |             |   |  |
|--|---|---|--|--|----------------------|------------------------------------|--------------------------------------|-----------|-------------|---|--|
| 311 ROGERS RD. 2   |   |   | 2311 ROGERS RD.<br>LAKELAND FL 33813                             |  |                      |                                    |                                      |           |             |   |  |
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| 2. Principal Place of Business 3 Suite, Apt. #, etc. City & State  |   | 3. Mailing Address  Suite, Apt. #, etc.  City & State             |  |  |                      |                                    |                                      |           |             |   |  |
|  |   |   |  | DO NOT WRITE IN THIS SPACE   |                      |                                    |                                      |           |             |   |  |
|  |   |   |  | 4. FEIN  |                      | 4066                               |                                      |           |             | ied For<br>Applicable                     |  |
| Zip  |   | Country   | Zip  | Country  | <del></del>          | ficate of Statu                    |                                      | 1         |             | 75 Additi<br>Required                     | <del>``</del>                                      |
|  | 6 Names   | ind Address of Current  | Registered Agent   |  | 7. Name              | e and Addre                        | ss of New R                          | egistered |             |   |  |
|  | V. 11011110 E   | , , , , , , , , , , , , , , , , , , ,                             |  | Name :   |                      |                                    |                                      |           |             |   |  |
| REHER, DEBORA C  |   |   | Street Addres  | Street Address (P.O. Box Number is Not Acceptable)   |                      |                                    |                                      |           |             |   |  |
|  | 2311 ROGERS RD.<br>LAKELAND FL 33813                      |   |  |  |                      |                                    |                                      |           |             |   |  |
|  |   | •   |  | City   |                      |                                    | <b>7.11</b>                          | F         | L           | Zip Code                                  |  |
| O The charge   | amod actitu   | cubmits this statement for  | or the purpose of changing its                                   | registered office or regi  | stered agent.        | or both, in th                     | e State of Flo                       | orida.    |             |   |  |
| 6. me above i  | Harried entry   | additities this statement is                                      | if all porpose or orienging the                                  | , 12 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4   |                      |                                    |                                      |           |             |   |  |
| SIGNATURE _  |   |   |  |  |                      |                                    |                                      |           |             |   |  |
| SIGNATIONE =   | Signature, typed o  | x printed name of registered agent                                | and title if applicable (NOT                                     | E. Registered Agent signature req  | quired when reinstal | ting)                              |                                      | DATE      | <u> </u>    |   |  |
|  |   |   |  |  | 1                    |                                    |                                      |           |             | ** **                                     | ) May Be   |
|  |   | ble to satisfy its Intangible                                     |  | !!! FEE IS \$150.00  | 1                    | O. Election (                      | Campaign Fil                         | nancing   |             | \$5.00                                    | J May De   |
| Tax filing re  | equirement a  | nd elects to do so.   | After MAY 1, 2   | 000 Fee will be \$550.0  | 00                   | -                                  | Campaign Fil<br>d Contributio        |           |             |   | to Fees  |
| Tax filling re<br>(See criteri   |   | nd elects to do so.   | After MAY 1, 2<br>Make Check Paya                                | 000 Fee will be \$550.0<br>ble to Department of  | 00<br>State          | Trust Fun                          | d Contributio                        | n.        |             | Added                                     | to Fees  |
| Tax filing re<br>(See criteri  | equirement a<br>ia on back)                               | nd elects to do so.   | After MAY 1, 2<br>Make Check Paya<br>DIRECTORS                   | 000 Fee will be \$550.0 ble to Department of 12.   | 00<br>State          | -                                  | d Contributio                        | n.        | ום פא       | Added                                     | to Fees  |
| Tax filling re<br>(See criteri   | equirement a<br>ia on back)                               | nd elects to do so.  OFFICERS AND                                 | After MAY 1, 2<br>Make Check Paya                                | 000 Fee will be \$550.0<br>ble to Department of  | 00<br>State          | Trust Fun                          | d Contributio                        | n.        | ום פא       | Added                                     | to Fees  |
| Tax filling re<br>(See criteri<br>11.<br>TITLE<br>NAME   | equirement a<br>ia on back) PD OLDHAM,                    | OFFICERS AND  | After MAY 1, 2<br>Make Check Paya<br>DIRECTORS                   | 000 Fee will be \$550.0 ble to Department of 12.   | 00<br>State          | Trust Fun                          | d Contribution                       | FICERS A  | ום פא       | Added                                     | to Fees  |
| Tax filling re<br>(See criteri   | PD<br>OLDHAM,<br>2311 ROG                                 | OFFICERS AND REBECCA SERS RO.                                     | After MAY 1, 2<br>Make Check Paya<br>DIRECTORS                   | 000 Fee will be \$550.0 ble to Department of 12.   | 00<br>State          | Trust Fun                          | d Contributio                        | FICERS A  | ום פא       | Added                                     | to Fees  |
| Tax filing re<br>(See criteri<br>11.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>OLDHAM,<br>2311 ROG<br>LAKELAN                      | OFFICERS AND  | After MAY 1, 2<br>Make Check Paya<br>DIRECTORS                   | 000 Fee will be \$550.0 ble to Department of 12.  THE NAME STREET ADDRESS  | 00<br>State          | Trust Fun                          | d Contribution                       | FICERS A  | IO ON       | Added                                     | to Fees SIN 11 Addition                            |
| Tax filing re (See criteri  11.  TITLE NAME STREET ADDRESS   | PD OLDHAM, 2311 ROC LAKELAN                               | OFFICERS AND  REBECCA SERS RO. D FL 33813                         | After MAY 1, 2: Make Check Paya DIRECTORS  Delete                | 000 Fee will be \$550.0 ble to Department of  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | 00<br>State          | Trust Fun                          | d Contribution                       | FICERS A  | IO ON       | Added RECTORS Change                      | to Fees SIN 11 Addition                            |
| Tax filing re<br>(See criteri<br>11.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD OLDHAM, 2311 ROG LAKELAN STD REHER, [                  | OFFICERS AND REBECCA SERS RO.                                     | After MAY 1, 2: Make Check Paya DIRECTORS  Delete                | 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS  | 00<br>State          | Trust Fun                          | d Contribution                       | FICERS A  | IO ON       | Added RECTORS Change                      | to Fees SIN 11 Addition                            |
| Tax filing re (See criteri  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | PD OLDHAM, 2311 ROG LAKELAN STD REHER, C 2993 S. F        | OFFICERS AND  REBECCA SERS RO. D FL 33813  SEBORA C               | After MAY 1, 2t Make Check Paya  DIRECTORS  Delicte  Delicte     | 000 Fee will be \$550.0 ble to Department of  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | 00<br>State          | Trust Fun                          | d Contribution                       | FICERS A  | Id din      | Added RECTORS Change Change               | to Fees S IN 11 Addition Addition                  |
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of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR