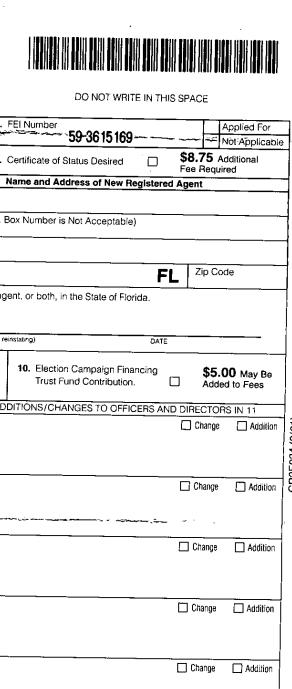
FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State DOCUMENT # P00000001417 1. Entity Name SEMINOLE TRANSPORTATION OF VERO BEACH, INC. 05-19-2002 90184 020 ***150.00 Principal Place of Business Mailing Address **435 FIRST STREET** P.O. BOX 690187 VERO BEACH FL 32962 VERO BEACH FL 32969-0187 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State . City & State_ 4. FEI Number Applied For 59-3615169 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCUSKER, JULIE Street Address (P.O. Box Number is Not Acceptable) 222 MENSH AVENUE SEBASTIAN FL 32958 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCCUSKER, JULIE NAME STREET ADDRESS PO BOX 690187 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32969 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LOPEZ COLSA, ANTONIO E NAME STREET ADDRESS 999 BRICKLE BAY DR 311_ STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME MCCUSKER, DANIEL A NAME STREET ADDRESS PO BOX 690 187 STREET ADDRESS CITY-ST-ZIP VERO BCH FL 32969 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME



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 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if h an address, with all other like empowered.

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

☐ Change

☐ Addition