2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # POOOOOCTRANSPORT COMPANY, INC.	Mar 07, 2001 8:00 an Secretary of State 02-19-2001 90036 009 ***150.00						
				*_/				
Principal Place of Business 2650 N.E. 52ND STREET LIGHTHOUSE POINT FL 33064-7052		Mailing Address						
		2650 N.E. 52ND STREET LIGHTHOUSE POINT FL 33064-7052						
					<u>.</u> 1 1 01 110 2 131 63 111 1171 06 71	11 211 12 711 20 11 (12) 121 213 214	12 2 0 0 13 2012 2 03 1	
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 58-2364798 Not Applicable			
Zip	Country	Zip Country		5. Certificate of Status Desire	d 🗆 \$8.75 Fee Req	Additional ulred		
	6. Name and Address of Current	Registered Agent			7. Name and Address of Ne	w Registered Agent]
	LIAMS, STEPHEN G			Woodin,	Douglas H. Jr.	· · · · · · · · · · · · · · · · · · ·		-
	N.E. 52ND STREET 1THOUSE POINT FL 33064-7052		٠	1681 As	P.O. Box Number is Not Accept pen Street — Bo	x 2300		-
Ц	INTOOSE FORT TE GOOT TOSE			City	-	□ Zip C	ode	-
				City Bunnell	· · · · · · · · · · · · · · · · · · ·	3211	0-2300	4
SIGNATURE	named entitly submits this statement for L Sonetire, typed or pristed name of registered agent a	Joedie		a office of registers		2-14-01 DATE	<u>.</u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW! After MAY 1, 20 Make Check Payat	01 Fee	will be \$550.00	10. Election Campaign Trust Fund Contrib		.00 May Be ded to Fees	
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTO	ORS IN 11	
TITLE NAME STREET ADDRESS	PSTD WOODIN, DOUGLAS H JR 1681 ASPEN STREET	☐ Delete	TITLE NAME STOR	1		Chang	e 🔲 Addition	CR2E034 (10/00)
CITY-ST-ZIP	BUNNELL FL 32110-2300			ST-ZIP				2E03
TITLE NAME STREET ADDRESS		☐ Deleta	TITLE NAME STRE	1		☐ Chang	e 🔲 Addition	2
CITY-ST-ZIP				ST-ZIP]
TITLE NAME		☐ Delete	TITLE			☐ Chang	e Addition	
STREET ADDRESS CITY-ST-ZIP				ST-ZIP			1	
TITLE NAME		□ Delete	TITLE	•		☐ Chang	e Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Chang	a 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP		·	STREE	ET ADDRESS ST-ZIP			,	
TITLE NAME		☐ Delete	TITLE NAME			☐ Chang	e Addition	
STREET ADDRESS CITY-ST-ZIP			STREE	TI ADDRESS ST-ZIP				
indicated of the cor		true and accurate and that metered to execute this report in the all other like empowered.	ny signati as requir	ure shall have the s ed by Chapter 607,	ame legal effect as if made und	er oath; that I am an offic ame appears in Block 11	er or director or Block 12 if	-
	SKINATURE AND TYPED OR PI	NINTED NAME OF SIGNING OFFICER	OR DIRECT	DA .	Date	Daytime Phone	•	į