FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Feb 26, 2002 8:00 am Secretary of State P00000042149 DOCUMENT # 1. Entity Name 02-26-2002 90147 016 ***150 00 BARKOV TRANSPORT CORPORATION Principal Place of Business Mailing Address 601 E. ROSERY RD 601 E. ROSERY RD STE 201 STE 201 LARGO FL 33770 LARGO FL 33770 Principal Place of Business Ste# 1905 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For USA 59-3639975 Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARKOV, IVAN Street Address (P.O. Box Number is Not Acceptable) 601 E. ROSERY RD STE 201 **LARGO FL 33770** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARKOV, IVAN NAME NAME 601 E. ROSERY RD STE 551 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33770 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME BARKOV, MARINA NAME STREET ADDRESS 601 E. ROSERY RD., APT 201 STREET ADDRESS CITY-ST-ZIP LARGO FL 33770 CITY-ST-ZIP ☐ Delete Change TITLE TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MACAURUS MORNO Barko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

02.10.02.

(727) 559-842,

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition