2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 27, 2002 8:00 am Secretary of State **DOCUMENT #** P00000068741 1. Entity Name ELLIS TRANSPORT, INC. 05-27-2002 90350 048 ***150 00 Principal Place of Business Mailing Address 4220 LORRAINE RD. 4220 LORRAINE RD.~ **BRADENTON FL 34211 BRADENTON FL 34211** 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 65-1025590 Not Applicable 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 L. Ellis ----ELLIS, JERRY L P.O. Box Number is Not Acceptable) 3622 LORRAINE RD. **BRADENTON FL 34202** ZipsCode o z 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 oration is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May #, 2002 Fee will be \$550.00 (See)criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ¶TITLE. D ☐ Delete TITLE Change ☐ Addition NAME ELLIS, JERRY L NAME STREET ADDRESS 3622 LORRAINE RD. 4220 LORRAINE RJ. STREET ADDRESS CITY-ST-ZIP BRAdonton, FL 34202 **BRADENTON FL 34202** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

Daytime Phone #

CR2E034 (9/01