

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90042 019 ***150.00

DOCUMENT # *P00000074805*

1. Entity Name

PRODUCER Transport Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6796 Lantana Rd

3. Mailing Address

6796 Lantana Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, Fla.

City & State

Lake Worth, Fla.

4. FEI Number

65-1035016

Applied For

Not Applicable

Zip

Country

33467 USA

Zip

Country

33467 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Richman, Scott G.

Street Address (P.O. Box Number is Not Acceptable)

19W. Flagler ST. 14th Floor

City

Miami

FL

Zip Code

33467

**DO NOT WRITE
IN THIS SPACE**

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
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE *VP*
NAME *Erneston, James A*
STREET ADDRESS *1941 Portage Landing So-*
CITY-ST-ZIP *North Palm Beach, FL 33408*

TITLE *VP*
NAME *Erneston, Chris III*
STREET ADDRESS *5617 Whirlaway Road*
CITY-ST-ZIP *Palm Beach Gardens, FL 33418*

TITLE *ST*
NAME *Erneston, Anna Maria*
STREET ADDRESS *1941 Portage Landing So-*
CITY-ST-ZIP *No. Palm Beach, FL 33408*

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anna Maria Erneston *3602 561-965-1212*

CR2E034B (12/01)