FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State
02-20-2003 90121 022 ***150.00

DOCUMENT # P00000074805

1. Entity Name

PRODUCER TRANSPORT INC.

DO NOT WRITE IN THIS SPACE

90030379

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6796 Lantana Rd.	6196 Lantana Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth Fla.	City & State: Fla. L.Worth
Zip: 33461 Country: U.SA.	Zip: 33461 Country: USA

4. FEI Number: 65-1035016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Richman, Scott D.

Street Address (P.O. Box Number is Not Acceptable): 19 W. Flagler ST. 14th Floor

City: Miami **FL** Zip Code: 33461

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PP
NAME	Ernestson James A.
STREET ADDRESS	1941 Portage Landing South
CITY-ST-ZIP	North Palm Beach, Fla-33408
TITLE	VP
NAME	Ernestson, Chris III
STREET ADDRESS	8840 Oldham Road
CITY-ST-ZIP	West Palm Beach, Fl. 33412
TITLE	S/T
NAME	Ernestson, Anna Maria
STREET ADDRESS	1941 Portage Landing South
CITY-ST-ZIP	North Palm Beach, Fla-33408
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Anna Maria Ernestson (Anna Maria Ernestson) 2-17-03 561-965-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #