

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

061217 AV

03-07-2002 90063 007 ***150.00

DOCUMENT # P00000075832

1. Entity Name
COMMERCIAL TRANSPORT NETWORK, INC.

Principal Place of Business Mailing Address
6146 9TH AVE CIR NE 6146 9TH AVE CIR NE
BRADENTON FL ~~34202~~ * BRADENTON FL 34202 *



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3745514** Applied For
 Not Applicable

* Zip **34212** Country * Zip **34212** Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
RIDDELL, JEFFERSON F
3400 S TAMiami TR
SARASOTA FL 34239

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
PT
 NAME **TOMASINO, CAROL**
 STREET ADDRESS **6146 9TH AVE CIRCLE NE**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **ZIP Code Change to 34212**

TITLE Delete
VPS
 NAME **TOMASINO, ALLAN**
 STREET ADDRESS **6146 9TH AVE CIRCLE NE**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **ZIP Code Change to 34212**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE: Carol Tomasino **CAROL TOMASINO** 2/25/02 941-750-9395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)