

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90086 048 ***150.00

DOCUMENT # P00000087083

1. Entity Name
W.C.X. TRANSPORTATION SERCVES INC

00000100



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 300 FRANDORSON CIRCLE STE 104 APOLLO BEACH FL 33572 | Mailing Address 300 FRANDORSON CIRCLE STE 104 APOLLO BEACH FL 33572 |
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|--|--|
| 2. Principal Place of Business S. HILLSBOROUGH COMMERCE CENTER Suite, Apt. #, etc. STE # 104 | 3. Mailing Address 300 FRANDORSON CIRCLE Suite, Apt. #, etc. SUITE 104 |
|--|--|

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|--|--|------------------------------------|--|
| City & State APOLLO BEACH, FLORIDA | City & State APOLLO BEACH, FLORIDA | 4. FEI Number 59-3681599 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33572 | Country HILLSBOROUGH | Zip 33572 | Country USA |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

FRYE, CARL
1019 NEW WINSOR LOOP
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name **ADAM FRYE**

Street Address (P.O. Box Number is Not Acceptable)
300 FRANDORSON CIRCLE, SUITE 104

City **APOLLO BEACH, FL** Zip Code **33572**

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 *Adam Frye* DATE 4-19-01

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

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete FRYE, ADAM 5807 LEGACY CRESENT PLACE RIVERVIEW FL 33569 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete FRYE, CARL 1019 NEW WINSOR LOOP SUN CITY CENTER FL 33573 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Adam Frye* DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)