

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90031 021 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000161679

1. Entity Name
D E T Transportation Inc.

3824 SR 33 (S)
Clement FL 34711

Principal Place of Business
3824 SR 33 South
Clement FL
34711

Mailing Address
P.O. Box 674
Groveland FL
34736

2. Principal Place of Business
3824 SR. 33 South
 Suite, Apt. # etc.

3. Mailing Address
P.O. Box 674
 Suite, Apt. #, etc.

City & State
Clement FL

City & State
Groveland FL

Zip
34711

Country
Lake

Zip
34736

Country
Lake

4. FEI Number
59-3681427

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DEBRA JENKINS
3824 SR. 33 South
Clement FL
34711

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: registered Agent 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)

FILE NOW!!
After MAY 1, 2001
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 President	<input type="checkbox"/> Delete
NAME Todd B. Lewis	
STREET ADDRESS 3824 SR. 33 South	
CITY-ST-ZIP Clement FL 34711	
TITLE V.P. - President	<input type="checkbox"/> Delete
NAME DEBRA JENKINS	
STREET ADDRESS 3824 SR. 33 South	
CITY-ST-ZIP Clement FL 34711	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: Debra Jenkins **5-28-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)