2001 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2001 8:00 am Secretary of State DOCUMENT # P00000102905 1. Entity Name 03-08-2001 90076 044 ***150.00 MEWSHITER TRASPORTATION, INC. Principal Place of Business Mailing Address 19010 GULF BLVÖ.. #103 19010 GULF BLVD. #103 INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-36783 11 City & State Applied For Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEWHIATER, JACK 4 Jack A Mewhirter 19010 GULF BLVD., #103 19010 Gulf Blvd Apt 103 INDIAN ROCKS BEACH FL 33785 Indian Shores FL 33785-2138 City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 268 TILE Delate TITLE Jack A Mewhirter Change ☐ Addition MEWHIRTER, JACK A. 19010 Gulf Blvd Apt 103 NAME NAME -2138 Indian Shores FL 33785-2138 STREET ADDRESS 19010 GULF BLVD., #103 STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP CITY-\$T-ZIP Addition tin F Detete Tetta F Change NAME HAME STREET ADDRESS STREET ADORESS CTY-57-28 CITY-ST. ZIP. Addition MILE Change TITLE Delete NAME STHEET ADDRESS STREET ADDRESS CAY-ST-ZIP CITY-ST-ZIP ☐ Addition me 🔲 Daletú TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP m F ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delate TITLE Charge ☐ Addition NAME NUME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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 path; 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 12 if changed or on a strephene with an eddress with a legicle like empowered. SIGNATURE:

FILED