2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State
07-31-2001 90226 032 ***550.00

000215 AV

DOCUMENT # P00000117500

1. Entity Name
INTERMODAL SUPPORT SERVICES, INC. ✓

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
301 W BAY STREET JACKSONVILLE FL 32202 Box 33	301 W BAY STREET JACKSONVILLE FL 32202 Box 33

2. Principal Place of Business	3. Mailing Address
Jacksonville, FL	Same
Suite, Apt. #, etc. 301 W. Bay, Box 33	Suite, Apt. #, etc.
City & State Jacksonville, FL	City & State
Zip 32202	Country USA
Zip	Country

4. FEI Number 59-3689120 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, PAMELA C 301 W BAY STREET, Box 33 JACKSONVILLE FL 32202	Name Same 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. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVST~~ Director, President JOHNSON, PAMELA C 301 W BAY STREET Box 33 JACKSONVILLE FL 32202	☐ Delete	President Director 301 W. Bay St., Box 33	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ Director, COO JOHNSON, MARVIN 301 W BAY STREET Box 33 JACKSONVILLE FL 32202	☐ Delete	COO Director 301 W. Bay St., Box 33	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (5/01)

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: Pamela C. Johnson Pamela C. Johnson 7-30-01 904-359-9970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #