FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am P01000002467 Secretary of State DOCUMENT # 1. Entity Name 05-27-2002 90493 026 ***150 00 ELITE TRANSPORT, INC. Mailing Address Principal Place of Business 1063 CANTON STREET N.W. 4063 CANTON STREET N.W. PALM-BAY-FL 32907 PALM BAY FL 32907 3. Mailing Address 2. Principal Place of Business 45 #2 SAME 3370 Purdue DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number, City & State City & State Not Applicable 11 ELBOURNE \$8.75 Additional Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 3320 PurduE ST. SOUTHERLAND, JERRY F Street Address (P.O. Box Number is Not Acceptable) 1063 CANTON STREET N.W. PALM-BAY-FL 32907 Zip Code City FL 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 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (Ses criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS SOUTHERLAND, JERRY F. Schange 3320 PURJUE ST. 11. CR2E034 (9/01) TITLE ☐ Delete TITLE SOUTHERLAND, JERRY F NAME STREET ADDRESS 1063 CANTON STREET N.W. MELBOURNE, FL 32901 STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32007-CITY-ST-ZIP ☐ Addition L SOUTHER LAND TOBER VICE-PROSIDENT SEC. TREASURER TITI F TITLE JEFFREY S. SOUTHERLAND 3320 PURDUE ST. MELBOURNE, FL 329 NAME NAME STREET ADDRESS STREET ADDRESS 1063 CANTON ST. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition

13. Thereby certify that the information supplied with this filling 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 the composition or the corporation or the product with all other like appearance. changed, or on an attachment with an address, with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

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