

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90067 022 ***150.00

DOCUMENT # P01000003386

1. Entity Name
STATEWIDE TRANSPORTATION INC.

Principal Place of Business

**9381 MARTINIQUE DR.
 MIAMI FL 33189**

Mailing Address

**9381 MARTINIQUE DR.
 MIAMI FL 33189**

2. Principal Place of Business

9381 MARTINIQUE DR

3. Mailing Address

~~Suite, Apt. #, etc.~~

~~Suite, Apt. #, etc.~~

City & State

Miami

City & State

Zip

33189

Country

USA

Country

4. FEI Number

65-1117883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LITTLE, EARL ROSCOE II
 12358 SW 52ND PLACE
 COOPER CITY FL 33030**

7. Name and Address of New Registered Agent

Name
William Carlin
 Street Address (P.O. Box Number is Not Acceptable)
9381 MARTINIQUE DR

City

Miami

FL

Zip Code
33189

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 **William H. Carlin**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 LITTLE, EARL ROSCOE II
 12358 SW 52ND PLACE
 COOPER CITY FL 33030** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 CARLIN, WILLIAM
 12358 SW 52ND PLACE
 COOPER CITY FL 33030** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ 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:

William H. Carlin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-02 (305) 234-4316

Date

Daytime Phone #

CR2E034 (9/01)