FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90074 040 ***150.00

DOCUMENT # P01000021379

1. Entity Name
L R Joseph Transportation Services Inc.
1863 Taft Vineland Rd.
Orlando, Fl 32837

DO NOT WRITE IN THIS SPACE

420406

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2. Principal Place of Business	3. Mailing Address
3501 W. Vine St.	3501 W. Vine St.
Suite, Apt. #, etc.: 340	Suite, Apt. #, etc.: 340
City & State: Kissimmee, Fl	City & State: Kissimmee, Fl
Zip: 34741 Country: Osceola	Zip: 34741 Country: Osceola

4. FEI Number: 59-3703665 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Byrd & Gantt CPAs PA
Street Address (P.O. Box Number is Not Acceptable): 3355 W. Vine St., Ste 102
City: Kissimmee FL Zip Code: 34741

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: Angela H Gantt 2/20/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Monica Marquez
STREET ADDRESS	4680 Cheyenne Pt
CITY-ST-ZIP	Orlando, Fl 34746
TITLE	VP
NAME	Luis Vila
STREET ADDRESS	366 Colonade Ct.
CITY-ST-ZIP	Kissimmee, Fl 34758
TITLE	S/T
NAME	Kenneth Parish
STREET ADDRESS	1209 Pleasant Oaks Ct.
CITY-ST-ZIP	Kissimmee, Fl 34741
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 02/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #