

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90144 012 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000021379 1. Entity Name L R JOSEPH TRANSPORTATION SERVICES, INC.			
Principal Place of Business 3501 W VINE ST 340 KISSIMMEE, FL 34741		Mailing Address 3501 W VINE ST 340 KISSIMMEE, FL 34741	
2. Principal Place of Business 4708 Prairie Pt Blvd		3. Mailing Address 4708 Prairie Pt Blvd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Kissimmee FL		City & State Kissimmee FL	
Zip 34746		Zip 34746	
Country Osealo		Country Osealo	
4. Name and Address of Current Registered Agent BYRD & GANTT CPAS, PA 3366 W VINE ST., STE. 102 KISSIMMEE, FL 34741		5. FEI Number 59-3703665	
6. Name and Address of New Registered Agent 		Applied For Not Applicable 	
7. Name and Address of New Registered Agent 		8. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
9. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent Signature required when electing.)			
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P. MARQUEZ MONICA 4880 CHEYENNE PT ORLANDO, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP Joseph M. Eulo 4708 Prairie Pt. Blvd Kissimmee FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP VILA, LUIS 388 COLONADE CT KISSIMMEE, FL 34759		TITLE NAME STREET ADDRESS CITY-ST-ZIP VP Lucy Eulo 4708 Prairie Pt. Blvd Kissimmee FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST PURISH, KENNETH 1209 PLEASANT OAKS CT KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with the other information.			
SIGNATURE _____ 9/3/03			

CREDBA (10/02)