



FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90232 038 ***150.00

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

DOCUMENT # P01000027356			
1. Entity Name ABC TRANSPORTATION, INC.			
Principal Place of Business 129 MENTOR DR NAPLES, FL 34110		Mailing Address 129 MENTOR DR NAPLES, FL 34110	
2. Principal Place of Business 8345 BIG ACORN CIRCLE		3. Mailing Address 8345 BIG ACORN CIRCLE	
Suite, Apt. #, etc. Unit # 603		Suite, Apt. #, etc. Unit # 603	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34119	Country	Zip 34119	Country
4. FEI Number 65-1086938		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMB, JEFFREY R 868 106TH AVE N NAPLES, FL 34108		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when retaining.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	D/P DePaula, Charles
STREET ADDRESS		STREET ADDRESS	8345 Big Acorn Circle #603
CITY-ST-ZIP		CITY-ST-ZIP	Naples, FL 34119
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	VP/T/S DePaula, Rose
STREET ADDRESS		STREET ADDRESS	8345 Big Acorn Circle #603
CITY-ST-ZIP		CITY-ST-ZIP	Naples, FL 34119
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 receiver or trustee 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, and all other like empowered.			
SIGNATURE: 		Case x Charles DePaula x 4/10/03 x N/A Daytime Phone #	

CH2E034 (10/02)