2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90233 004 ***150.00

DOCUMENT # P01000036628

1. Entity Name
COLLOP TRANSPORT, INC.

Principal Place of Business	Mailing Address
1029 W MAGNOLIA ST LEESBURG FL	1029 W MAGNOLIA ST LEESBURG FL

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
5805 Marion County Road		P.O. Box 492060	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lady Lake, FL		City & State: Leesburg, FL	
Zip: 32159	Country: Lake	Zip: 34749-2060	Country: Lake

4. FEI Number 59-5019949 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAYLOR, L.E. 1029 W MAGNOLIA ST LEESBURG FL	Name: Michael Collop Street Address (P.O. Box Number is Not Acceptable): 5805 Marion County Road City: Lady Lake FL Zip Code: 32159

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 [signature] Michael Collop, President 1/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLOP, MICHAEL 40156 OAK RIDGE DR LADY LAKE FL 32159	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST 5805 Marion County Road	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED Michael Collop, President 1-23-03 (352)205-0337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)