FILED
Jul 22, 2002 8:00 am
Secretary of State
07-01-2002 90352 048 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000039997

1. Entity Name

Trinity Transport One, INC

39062

[redacted]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7575 West Hwy 326	7575 West Hwy 326
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Ocala, FL	City & State: OCALA, FL
Zip: 34482 Country: USA	Zip: 34482 Country: USA

4. FEI Number: 593710774 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Tina R. Albritton

Street Address (P.O. Box Number is Not Acceptable): 444 SW 8th ST

City: Ocala FL Zip Code: 34474

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: [signature] 7/12/02

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	President	TITLE	
NAME	David Albritton	NAME	
STREET ADDRESS	7575 West Hwy 326	STREET ADDRESS	
CITY-ST-ZIP	Ocala FL	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	TINA Albritton	NAME	
STREET ADDRESS	7575 West Hwy 326	STREET ADDRESS	
CITY-ST-ZIP	Ocala FL	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Nichole Albritton	NAME	
STREET ADDRESS	7575 W Hwy 326	STREET ADDRESS	
CITY-ST-ZIP	Ocala FL	CITY-ST-ZIP	
TITLE	CHRISTOPHER ALBRITTON	TITLE	
NAME	Treasurer	NAME	
STREET ADDRESS	7575 West Hwy 326	STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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] TINA R ALBRITTON 5/31/02 352732-9711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #