

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90048 047 ***158.75

DOCUMENT # P01000048677

1. Entity Name
JACKSONVILLE TRANSPORTATION SERVICE, INC.

Principal Place of Business 9951 ATLANTIC BLVD 106 JACKSONVILLE FL 32256 US	Mailing Address 9938 OLD BAYMEADOW RD 325 JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9838 Old Baymeadows Rd.	3. Mailing Address 9838 Old Baymeadows Rd
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Suite, Apt. #, etc. 325	Suite, Apt. #, etc. 325
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City & State Jacksonville FL.	City & State Jacksonville FL.
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4. FEI Number 59-3719124	Applied For <input type="checkbox"/> Not Applicable
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Zip 32256	Country USA	Zip 32256	Country USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BERMUDEZ, DIEGO R
 12313 SHELL BEACH TRAIL
 JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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: *Diego Bermudez* **Diego Bermudez - Pres/CEO** **4-16-02**

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P BERMUDEZ, DIEGO R 12313 SHELL BEACH TRAIL JACKSONVILLE FL 32246	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	VS PICKETT, MARY D 7901-BAYMEADOWS CIRCLE E #518 JACKSONVILLE FL 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 Block 12 if changed; or on an attachment with an address with all other like empowered.

SIGNATURE: *Diego Bermudez* **DIEGO BERMUDEZ** **4-16-02** **(904)226-8921**

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

UBR0000 AV CR2E034 (9/01)