

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90358 006 \*\*\*150.00

DOCUMENT # P01000052487

1. Entity Name

BONUS TRANSPORT, INC

Principal Place of Business

31599 4TH ST.  
SORRENTO FL 32776

Mailing Address

PO BOX 169  
SORRENTO FL 32776

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3748726

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

POLACKWICH, ALAN S SR  
 CLEM, POLACKWICH, VOCELLE & BERG, L.L.P.  
 3333 20TH ST.  
 VERO BEACH FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restatesting)

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

TITLE DP ☐ Delete  
 NAME BROUGHAM, DONALD L  
 STREET ADDRESS 31599 4TH ST.  
 CITY-ST-ZIP SORRENTO FL 32776

TITLE DV ☐ Delete  
 NAME BROUGHAM, WILLIAM C  
 STREET ADDRESS 31599 4TH ST.  
 CITY-ST-ZIP SORRENTO FL 32776

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE BOUGHAM, DONALD L ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 404 E. Welch Road  
 CITY-ST-ZIP APOPKA, FL

TITLE BOUGHAM, WILLIAM C ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1435 Glenmore Ct.  
 CITY-ST-ZIP APOPKA, FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

Date

Daytime Phone #

CR2E034 (9/01)