FILED
Jun 23, 2004 8:00 am
Secretary of State
05-24-2004 90002 032 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000090878

1. Entity Name
TERRY SHAW TRANSPORT, INC.

Principal Place of Business
526 COX RD.
ORLANDO FL 32833

Mailing Address
526 COX RD.
ORLANDO FL 32833

66428897

[redacted]

2. Principal Place of Business: Same	3. Mailing Address: P O Box 237671
Suite, Apt. #, etc.	Suite, Apt. #, etc.: COCOA
City & State	City & State: Cocoa FL
Zip / Country	Zip: 32923 Country: Brevard

☐ CHECK HERE [redacted] MAKING CHANGES

4. FEI Number: 59 2739493 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHAW, TERRY
526 COX RD.
ORLANDO FL 32833

7. Name and Address of New Registered Agent
Name: MEL VON SOOSTEN
Street Address (P.O. Box Number is Not Acceptable): 4685 Rosebud St
City: COCOA FL Zip Code: 32927

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: Mel Von Soosten
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TERRY SHAW 526 Cox Rd. ORLANDO, FL 32833 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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: Mel Von Soosten Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Transportation Consultant
Mel Von Soosten
4685 Rosebud St
Cocoa FL 32927

6/11/04

Terry Shaw 6/3/04