

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90177 037 \*\*\*150.00

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**DOCUMENT # P02000093892**

1. Entity Name  
**MAWSON TRANSPORTATION, INC.**



Principal Place of Business  
**108 NORTH CORTEZ DRIVE  
CIRCLE D  
MARGATE FL 33068**

Mailing Address  
**108 NORTH CORTEZ DRIVE  
CIRCLE D  
MARGATE FL 33068**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**03-0481815**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name  
**KENNETH MAWSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**108 N. CORTEZ DR CIRCLE D**  
City  
**MARGATE, FL.** FL Zip Code  
**33068**

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: **Kenneth Mawson**

(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	PD	<input type="checkbox"/> Delete
NAME	MAWSON, KENNETH	
STREET ADDRESS	108 NORTH CORTEZ DRIVE CIRCLE D	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAWSON, CRAIG	
STREET ADDRESS	108 NORTH CORTEZ DRIVE CIRCLE D	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAWSON, KIMBERLY	
STREET ADDRESS	108 NORTH CORTEZ DRIVE CIRCLE D	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Kenneth Mawson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03**  
Date

Daytime Phone #

CR2E034 (10/02)