2003 UNIFORM BUSINESS REPORT (UBR)

4/30/2003-90128-016-$150.00-$150.00

FILED
May 19, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P02000124130

1. Entity Name

LESTER A. JANER TRANSPORT, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4010 LAKE MIRAGE BLVD.	4010 LAKE MIRAGE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA	City & State: ORLANDO FLORIDA
Zip: 32817 Country: ORANGE	Zip: 32817 Country: HILLSBOROUGH

4. FEI Number 33-1033444 ☐ 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

Name LESTER A. JANER

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

4010 LAKE MIRAGE BLVD.

City ORLANDO FL Zip Code 32817

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 LESTER A. JANER 04/26/03

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, 2000 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	
TITLE	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LESTER A. JANER	NAME	
STREET ADDRESS	4010 LAKE MIRAGE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32817	CITY-ST-ZIP	
TITLE	SEC. / TREASURER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ELIZABETH JANER	NAME	
STREET ADDRESS	4010 LAKE MIRAGE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FLORIDA 32817	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Lester A Janer LESTER A. JANER PRESIDENT 4/26/03

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

CR2E034 (9/00)