FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90179 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000127920

1. Entity Name

ACA TRANSPORTATION CONSULTANTS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
24 CLEMINTINA CT	C/O SBERARDI CPA
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1883 HELEN CT
City & State PALM COAST Fl	City & State MERRICK NY
Zip 32137 Country USA	Zip 11566 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2304616 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name AGUSTIN RODRIGUEZ

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

24 Clemintina Court

City PALM COAST FL Zip Code 32137

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 ______ DATE 5/19/03

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	AGUSTIN RODRIGUEZ
STREET ADDRESS	24 CLEMINTINA CT
CITY-ST-ZIP	PALM COAST Fl 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

11. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 5/19/03