2003 FOR PROFIT CORPORATION

FILED Apr 24, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000134374 DOCUMENT # 04-24-2003 90135 036 ***150.00 1. Entity Name VYB TRANS, INC. Principal Place of Business Mailing Address 11011309 2425 SOUTH ATLANTIC PH5 2425 SOUTH ATLANTIC PH5 DAYTONA BEACH SHORES FL 32118-5432 DAYTONA BEACH SHORES FL 32118-5432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 37 - 1452585 City & State City & State Applied For Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HICKS, JEANINE C Street Address (P.O. Box Number is Not Acceptable) 2425 SOUTH ATLANTIC PH5 DAYTONA BEACH SHORES FL 32118-5432 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition PD NAME HICKS, JEANINE C NAME STREET ADDRESS STREET ADDRESS 2425 SOUTH ATLANTIC PH5 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118-5432 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS ÇîTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



☐ Delete

☐ Change

Addition