## FOR PROFIT CORPORATION

**FILED** ATX1

904 280-8081 Daytime Phone #

UNIFORM BUSINESS REPORT (UBR)					Jan 31, 2005 08:00 AN		
DOCUMENT 7 1. Entity Name					Secretar Secretar	у (	of State
TIBURON TRANSPO	RTATION SERVICE	s, INC.					
D	OT WRITE	IN THIS S	PΑ	(OE			
2. Principal Place of Business 96 PONTE VEDRA COLONY CIR		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State PONTE VEDRA BEACH, FL		City & State			4. FEI Number Applied For 55-0874211 Not Applicable		
Zip	Country	Zîp	C	ountry	5. Certificate of Status Desired	Ţ	\$8.75 Additional Fee Required
32082 philippi				7. Nam	e and Address of Current Regi	ster	
				Name CODY, RUSS	ELL W		i
DONOTW		]]]]][][][[][[]][[]][[]][[]][[]][[]][[]][[]][[]][[]][[]][[]][[][[]][[]][[]][[]][[][[]][[]][[]][[]][[][[]][[]][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[]][[]][[]][[]][[]][[][[]][[]][[]][[]][[][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[]][[]][[]][[][[]][[]][[]][[]][[]][[][[]][[]][[]][[]][[][[]][[]][[]][[]][[]][[][[]][[]][[]][[]][[][[]][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]][[][[]][[]][[]][[][[]][[]][[]][[][[]][[]	Street Ad		iress (P.O. Box Number is Not Acceptable) EDRA COLONY CIR		
	VITHIS SP	ACE		<u> </u>	201011002011110111		
				City	FL	$T^-$	Zip Code
8. The above named	l entity submits this	statement for the purp	ose o	PONTE VEDF f changing its re	egistered office or registered age	nt, o	32082-4711 r both, in the
	am familiar with, an	d accept the obligation	is of r	egistered agen	L		Ì
			applica	able. (NOTE: Regis	stered Agent signature required when reinst	ating)	DATE
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  10. OFFICERS AND DIRECTORS 11.					Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees
10. TITLE	D		HIT	ILE CARACTE			
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STREET ADDRESS CITY-ST-ZIP			C	TREET ADDRES			
TITLE NAME				TETHININ ME			
STREET ADDRESS			Š	REET ADDRES			
12. I hereby certify that the	ne information supplied v	vith this filing does not qua	dify for	the exemption sta	ated in Section 119.07(3)(i), Florida Sta	tutes.	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 cath; 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.							