## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 09, 2007 8:00 am Secretary of State

Daytime Phone #

UNIFC	INIBUSINE	33 KEPUKI (	UBR) 🗡	Secretary or	State	
DOCUMENT # P04000101938  1. Entity Name				03-09-2007 90006 031	***150.00	
TIBURON TRANSPO	RTATION SERVICE	SINC	ļ			
DON'	OT WRITE					
2. Principal Place of Business 300 SANDIRON CIRCLE UNIT 314		3. Mailing Address		40032570		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State PONTE VEDRA BEACH, FL		City & State		4. FEI Number 55-0874211	Applied For Not Applicable	
Zip 32082	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
ed Pagrak banga Barnahan sa Kilip palibuh	ndilitra adistra dilitra di ili di dilitra di	intervis imperti sen platingateringgeteringgala	7. Nam	e and Address of Current Regist	ered Agent	
radifficienci difficient remitten and en la sintana considera	confiling tradent and for control control		Marra			
	O NOT W	RITE	CODY, RUS	CODY, RUSSELL W  Street Address (P.O. Box Number is Not Acceptable)		
DO NOT WRITE			1000 CANDID	LOOK CANDIDON CIDOLE LINUT 244		
contraction contributes contraction to contract contraction contributes and	refer and the religion with the	gas Sout sout space sout tout	C:4		Zio Codo	
prijancijami amelancijami	ng jayek sadi jawi jaki sadi	gypting malignitude int	City PONTE VEDI	<sub>RA BEACH</sub> FL	Zip Code 32082	
				egistered office or registered agent,	or both, in the	
State of Florida.	am familiar with, an	dagcept the obligation	ns of registered agen	ıt.		
	re typed or printed name	of registered agent and title if	fannlicable. (NOTF: Regis	May the stered Agent signature required when reinstating	0/ 2007	
January 1	May 1 Fee is \$150	.00 0				
	ıy 1, Fee is \$550.00	Appropriate Apple Conf		9. Election Campaign Financing	\$5.00 May Be	
Amend Make Check Payable	led UBR is \$61.25	pent of State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS A	ND DIRECTORS	11.		·	
TITLE	D CODY BURSELL	A /	TITLE		Germania de la composição	
NAME STREET ADDRESS	CODY, RUSSELL W 300 SANDIRON CIRCLE, UNIT 314		NAME	S in this construction is a second to the second		
CITY-ST-ZIP	PONTE VEDRA BE		CITY-ST-ZIP	Sent special control of the control	La Ladha — adit — abdio — adia —	
TITLE			TITLE DESCRIPTION OF THE PROPERTY OF THE PROPE		e i degrad - region er epite e force	
NAME					Million distriction of the second	
STREET ADDRESS CITY-ST-ZIP		e	STREET ADDRES	Regard Commission of the control of		
TITLE		32,				
NAME		•	NAME STREET ADDRES	gegáni sztroságantásztalástonalatni ábottálásttálásttálásttálásttálás	<del>METATOR</del> BARRAN	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	S DO NOT W	RITE	
TITLE			TITLE	IN THIS SP		
NAME			I MANUAL	and the day of the decision has	AUE	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES		·	
TITLE			TITLE		141	
NAME			STNAME SHEET	1		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	(10) Since Albert and State Medical and State and State and Associated States and States		
TITLE			MATITLE SPINISHED			
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES		And September 1860 - mellope	
	ne information supplied	with this filing does not qui	alify for the exemption st	ated in Section 119.07(3)(i), Fiorida Statut	es. I further	
certify that the inform	ation indicated on this r	eport or supplemental repo	ort is true and accurate a	nd that my signature shall have the same	legal effect	
as if made under oat	h; that I am an officer or	director of the corporation	or the receiver or trusted	e empowered to execute this report as req	uired 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date