

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-09-2007 90006 031 ***150.00

DOCUMENT # P04000101938
1. Entity Name
TIBURON TRANSPORTATION SERVICES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 300 SANDIRON CIRCLE UNIT 314	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PONTE VEDRA BEACH, FL	City & State
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Zip 32082	Country	Zip	Country
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4. FEI Number 55-0874211	Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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40032570

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CODY, RUSSELL W	
Street Address (P.O. Box Number is Not Acceptable) 300 SANDIRON CIRCLE, UNIT 314	
City PONTE VEDRA BEACH	FL Zip Code 32082

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 <i>Russell W Cody</i>	DATE <i>March 01, 2007</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

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	\$5.00 May Be Added to Fees
<input type="checkbox"/> Trust Fund Contribution.	

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME D CODY, RUSSELL W	STREET ADDRESS 300 SANDIRON CIRCLE, UNIT 314	TITLE NAME	
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082		STREET ADDRESS	
TITLE NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
		TITLE NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
		TITLE NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE <i>Russell W Cody</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RUSSELL W. CODY	Date <i>03/01/2007</i>	Daytime Phone # 904 280-8081
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