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

DOCUMENT # P04000141522

1. Entity Name

REX TRANSPORTATION INC.



FILED 05 SEP - 1 P!! 1: 0!

IN INTERCORPORATE THE PROPERTY OF THE PROPERTY	VRITE IN THIS SPACE
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2. Principal Place of Business 3. Mailing Address 2250 Laredo Drive the same			Fess				
Suite, Apt. #, etc	÷.	Suite, Apt. #, et	Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE		
City & State Deltona, Flor	ida	City & State			4. FEI Number		✓ Applied For Not Applicable
^{Ζιρ} 32738	Country	Zip	p Gountry		5. Certificate of Status Desired		8.75 Additional ee Required
					Name and Address of Curren	t Registered /	Agent
DO NOT WRITE IN THIS SPACE				Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street, 4th Floor			
				^{City} Miami		FL	Zip Code 33145
	ed entity submits this stater of registered agent.	nent for the purpose of char -	nging its register	red office or regis	stered agent, or both, in the State of F	torida. I am tar	miliar with, and accept
SIGNATURE :	ure, typed or printer! name of registers	d agent and title if applicable.	(NOTE Register	ed Agent aignature req.	ired when reinstating)	DATE	
Afte	y 1 - May 1 Fee is \$150.0 r May 1, Fee is \$550.00	00			9. Election Campaign Fi	" ,	\$5.00 May Be

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. --

TITLE MILE 600059387296 09/07/05--01026--009 **150.00 **PSTD** NAME MAME Rex, William E STREET ADDRESS STREET ADDRESS 2250 Laredo Drive, Deltona, Florida 32738 CITY - ST-ZIF CITY-ST-ZIP HILE 30006 MAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY-ST-ZIP TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CHY-ST-ZIP CITY-ST-ZIP TITLE THLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME MALIF STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY-\$1-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHTY-S1-ZIP

12. Thereby certify that the information supplied with this tiling 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.

TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Rex

8-20-05