

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

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90171 023 ***150.00

DOCUMENT # P04000144669	
1. Entity Name	
A H A Transport, Inc.	

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2. Principal Place of Business 2311 Rogers Rd.	3. Mailing Address P.O. Box 276
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lakeland, FL	City & State Leonardo, NJ
Zip 33813-3139	Zip 07737-0276
Country USA	Country USA

4. FEI Number 59-3786699	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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40088004

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Debora C. Reher
Street Address (P.O. Box Number is Not Acceptable) 2311 Rogers Rd.
City Lakeland
State FL
Zip Code 33813

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. (NOTE: Registered Agent signature required when reinstating) 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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE PD	NAME Steven C. Shuster	TITLE	
STREET ADDRESS 4796 N Malvern Ave		STREET ADDRESS	
CITY-ST-ZIP Sanger, CA 93657		CITY-ST-ZIP	
TITLE VPD	NAME Lance McClellan	TITLE	
STREET ADDRESS 4796 N Malvern Ave		STREET ADDRESS	
CITY-ST-ZIP Sanger, CA 93657		CITY-ST-ZIP	
TITLE STD	NAME Debora C. Reher	TITLE	
STREET ADDRESS P.O. Box 276		STREET ADDRESS	
CITY-ST-ZIP Leonardo, NJ 07737		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: *Debora C. Reher* **Debora C. Reher, Secretary** **4/14/2006** **732-291-0356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #