

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

FILED ATX1
Apr 07, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 718 Century Lane		3. Mailing Address P.O. Box 276	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Haven, FL		City & State Leonardo, NJ	
Zip 33881-8740	Country	Zip 07737-0276	Country USA

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Debora C Reher	
Street Address (P.O. Box Number is Not Acceptable) 718 Century Lane	
City Winter Haven	FL Zip Code 33881-8740

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 Debora C. Reher **Debora C Reher, Secretary** **4/3/2008**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Steven Shuster PO Box 6016 Oxnard, CA 93031-6016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lance McClellan 4796 N Malvern Ave Sanger, CA 93657-9207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Debora C Reher PO Box 276 Leonardo, NJ 07737-0276
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000963486 04/17/08-80005-023 150.00
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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: Debora C. Reher **Debora C. Reher, Secretary** **4/3/2008** **732-769-2235**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #