

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY 22 PM 2:49

<b>DOCUMENT #</b> P04000144669	
<b>1. Entity Name</b>	
A H A Transport, Inc.	

**DO NOT WRITE IN THIS SPACE**

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

900156305529  
05/22/09--01009--012 \*\*150.00  
DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> Debora C Rehre	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 718 Century Lane	
<b>City</b> Winter Haven	<b>FL</b> <b>Zip Code</b> 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, Secretary  
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**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> Steven Shuster 2841 Gloria Sanger, CA 93657-8769
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VPD</b> Lance McClellan 4796 N Malvern Ave Sanger, CA 93657-9207
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>STD</b> Debora C Reher PO Box 276 Leonardo, NJ 07737-0276
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**11.**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
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.**

**KS**  
**SIGNATURE:** Debora C Reher **Debora C Reher, Secretary** **4/27/09** **732-769-2235**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**