

FILING CANCELLED  
RETURNED CHECK

**2010 FOR PROFIT CORPORATION  
REINSTATEMENT**

DOCUMENT # P09000095823

1. Entity Name  
N AND R TRANSPORT INC.



Principal Place of Business  
7710 PALMO FISH CAMP RD  
ST. AUGUSTINE, FL 32092 US

Mailing Address  
7710 PALMO FISH CAMP RD  
ST. AUGUSTINE, FL 32092 US

**FILED**

10 NOV -9 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11092010 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

METCALF, ROBIN  
7710 PALMO FISH CAMP RD  
ST. AUGUSTINE, FL 32092

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2011, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME METCALF, ROBIN  
STREET ADDRESS 7710 PALMO FISH CAMP RD  
CITY - ST - ZIP ST. AUGUSTINE, FL 32092

TITLE D ☐ Delete  
NAME METCALF, NOLAN  
STREET ADDRESS 7710 PALMO FISH CAMP RD  
CITY - ST - ZIP ST. AUGUSTINE, FL 32092

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Robin James Metcalf  
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Alex Nolan Metcalf  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400187583484  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 11/09/10--01023--017 \*\*750.00  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-09-10 904-497-2268.