

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91219 034 \*\*\*150.00

**DOCUMENT # P09638**

1. Entity Name  
**DRUG TRANSPORT, INC.**



Principal Place of Business  
**BOX 1678  
TUCKER GA 30085-8678**

Mailing Address  
**BOX 1678  
TUCKER GA 30085-8678**

**11005517**



2. Principal Place of Business

3. Mailing Address

**1939 FORGE ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TUCKER GA**

City & State

**TUCKER GA**

4. FEI Number **58-1452791**

Applied For

Not Applicable

Zip

**30084**

Country

**DEKALB**

Zip

**30084**

Country

**DEKALB**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	LOCKWOOD, RICHARD S	
STREET ADDRESS	485 COVINGTON COVE	
CITY-ST-ZIP	ALPHARETTA GA 30201	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, DAVID W	
STREET ADDRESS	323 RIDGE BROOK TRAIL	
CITY-ST-ZIP	DULUTH GA 30096	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOCKWOOD, RICHARD S. J	
STREET ADDRESS	5255 WYNTER CREEK WAY	
CITY-ST-ZIP	ALPHARETTA GA 30201	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOCKWOOD, C W	
STREET ADDRESS	840 S COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	AST	<input type="checkbox"/> Delete
NAME	RYAN, PATRICK T	
STREET ADDRESS	1669 WALDEN POND RD	
CITY-ST-ZIP	SUWANEE GA 30024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/03**

Date

**678-987-2205**

Daytime Phone #

CR2034 (10/02)