## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000051598

## **FILED** Mar 19, 2003 8:00 am Secretary of State

| Country  | 1. Entity Na  | <sup>arne</sup><br>TRANSPORT SE                    | RVICES, INC.                                  | 001000                  |                  |  | 03-19-2003 9                             | 0137 047 ***1:            |                            |
|--|---|--|---|-------------------------|------------------|--|--|---------------------------|----------------------------|
| Suite, Apt. #, etc.  City & State  Country  Country  Country  S. Country     | 11417 NW 59TH TERRACE 6918 NW 92ND PL ALACHUA FL 32615 GAINESVILLE FL 32653 |  |   |                         | <u>-</u>         |  | 1 1891/80/ 1/0 (2/00 1/1/1 00/1/1 00/1/1 | III BAHI BBIBI BIJAH MEBU | i Britis Islan (Britisa)   |
| City & State  Country  2p  Country  2p  Country  5, Certificaty of Status Desired   \$8.75 Additions Fise Registered Agent  7, Name and Address of New Registered Agent  HARRINGTON, JAMES  RT. 3, BOX 907  GAINESVILLE FL 32608  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FLE Now/III FEE Is 3150.00  After May 1, 2000 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MARK MORE  STREET ADDRESS  GAINESVILLE FL 32653  CITY-ST-2P  CITY-ST-2P  CHARGE ADDRESS  CITY-ST-2P  CHARGE ADDR | Principal Place of Business     3. Mailing Address                          |  |   |                         |                  | <u> </u>   |  |                           |                            |
| Zip Country Zip Country Zip Country 5. Certif cate of Status Desired Sp.75 Additions Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Address Street Address (P.O. Box Number is Not Acceptable)  GIV FL Zip Code 8. The Address of New Registered Agent 8. The Address (P.O. Box Number is Not Acceptable)  GIV FL Zip Code 8. The Address of New Registered Agent 8. The Address (P.O. Box Number is Not Acceptable)  FL Zip Code 8. The Address (P.O. Box Number is Not Acceptable)  GIV ST Code 9. Election Campaign Financing 9. Election Campaign Financing 1. Added to Fee 19. The Address 19. Election Campaign Financing 1. Added to Fee 19. The Address 19. Election Campaign Financing 1. Added to Fee 19. Election Campaign Financing 1. Added to F   |   |  |   | Suite, Apt. #, etc.     |                  |  | ☐ CHECK HERE IF MAKING CHANGES           |                           |                            |
| Secret   S     | City & State  |  |   | City & State            |                  |  | 59-3195253                               |                           |                            |
| HARRINGTON, JAMES RT. 3, BOX 907 GAINESVILLE FL 32606  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I sam familiar with, and as the collegations of registered agent, or both, in the State of Florida. I sam familiar with, and as the collegations of registered agent, or both, in the State of Florida. I sam familiar with, and as the collegations of registered agent, or both, in the State of Florida. I sam familiar with, and as the collegations of registered agent, or both, in the State of Florida. I sam familiar with, and as the collegations of registered agent, or both, in the State of Florida. I sam familiar with, and as the collegations of registered agent, or both, in the State of Florida. I sam familiar with, and as the collegations of registered agent, or both, in the State of Florida. I sam familiar with, and as the collegations of registered agent, or both, in the State of Florida. I sam familiar with, and as the collegations of registered agent, or both, in the State of Florida. I sam familiar with, and as the collegations of registered agent, or both, in the State of Florida. I sam familiar with, and as the collegation of the collegation of the collegations of registered agent, or both, in the State of Florida. I sam familiar with, and as the collegation of the collegation o   | Zip Country   |  | ntry  | Zip Ci                  |                  |  |  | \$8.75                    | Not Applicable Additional  |
| HARRINGTON, JAMES RT. 3, BOX 907 GAINESVILLE FL 32606  City FL Zip Code  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of state  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE  HARRINGTON, JAMES RTEL ADORSS  CITY ST. 2P  GAINESVILLE FL 32653  CITY ST. 2P  CITY ST. 2P  CITE  MAKE  GRIEFT ADDRESS  CITY ST. 2P  CITY  |   | 6. Name and Ad                                     | stered Agent                                  | <del></del>             |                  | <u></u>  | ree neq                                  | uired                     |                            |
| RT. 3, BOX 907 GAINESVILLE FL 32606  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Symbor, types or printed series dispert and life if applicable.  SIGNATURE  Symbor, types or printed series of lingitized agent, and life if applicable.  SIGNATURE  Symbor, types or printed series of lingitized agent and life if applicable.  SIGNATURE  Symbor, types or printed series of lingitized agent and life if applicable.  SIGNATURE  Symbor, types or printed series of lingitized agent and life if applicable.  SIGNATURE  Symbor, types or printed series of lingitized agent and life if applicable.  SIGNATURE  Symbor, types or printed series of lingitized agent and life if applicable.  SIGNATURE  Symbor, types or printed series of lingitized agent and life if applicable.  SIGNATURE  Symbor, types or printed series of lingitized agent and life if applicable.  SIGNATURE  Symbor, types or printed series of lingitized agent, or both, in the State of Florida. I am familiar with, and active active agent with a applicable.  SIGNATURE  Symbor, types or printed series of lingitized agent, or both, in the State of Florida. I am familiar with, and active agent with a applicable.  SIGNATURE  Symbor, types or printed agent, or both, in the State of Florida. I am familiar with, and active agent with a applicable.  SIGNATURE  Symbor, types or printed agent, or both, in the State of Florida. I am familiar with, and active agent with a applicable agent with a applicable.  SIGNATURE  Symbor, types or printed agent, or both, in the State of Florida. I am familiar with, and active agent with a applicable agent with a applicable agent with a applicable agent and life is applicable.  SIGNATURE  Symbor, types or printed agent and life is applicable.  SIGNATURE  Symbor, types or printed agent and life is applicable.  SIGNATURE  Symbor, types or printed agent and life is applicable.  SIGNATURE  Symbor, types or printed agent and life is applicable.  SIGNATURE  Symbor, types or p   |   | ,  |   |                         |                  | Name   | 7. Name and Address of New Re            | gistered Agent            |                            |
| GAINESVILLE FL 32606  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee with 6 \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE  MAME  STREET ADDRESS  GITY-ST-2P  GAINESVILLE FL 32653  TITLE  WP  HARRINGTON, JAMES  STREET ADDRESS  GITY-ST-2P  GAINESVILLE FL 32653  TITLE  MAME  STREET ADDRESS  GITY-ST-2P  Change  Add  Change   | ·   |  |   |                         | ;                | Street Address (P.O. Box Number is Not Acceptable) |  |                           |                            |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.    Signature topical or projected agent.   CATE  |   |  |   |                         |                  | <del></del>  |  |                           |                            |
| SIGNATURE    Signature, typed or printed name of registered agent and site if applicable. (NOTE, Registered Agent signature required when reinstating)   Page   Pag   | 9 Th1   |  | <u>, , , , , , , , , , , , , , , , , , , </u> |                         |                  |  | <del></del>                              |                           |                            |
| Signature, typed or printed harms of registated appril and title if apprilicable.   (NOTE, Registrated Appert signature required when relaxation)   Date   | the obliga  | e named entity submits<br>ations of registered age | s this statement for the pent.                | ourpose of changing its | s registered o   | office or registere                                | d agent, or both, in the State of Flori  | ida. I am familiar w      | ith, and accept            |
| Signature, typed or printed harms of registated appril and title if apprilicable.   (NOTE, Registrated Appert signature required when relaxation)   Date   |   |  |   |                         |                  |  |  |                           |                            |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE MAME MARKE THORSES STREET ADDRESS ST | SIGNATURE   | Signature, typed or orinted n                      | arrie of registered exect and title           | if onelia-bl-           |                  |  | ·  |                           |                            |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS GIREST ADDRES  |   |  |   | applicable. (NOTI       | E: Registered Ag | ent signature required v                           | vhen reinstating)                        | DATE                      |                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S   | Afte<br>Make Checi  | r May 1, 2003 Fee v                                | will be \$550.00                              | e                       |                  |  |  | ~                         | 5.00 May Be<br>ded to Fees |
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| 2. 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 of the exemption stated on this report or supplemental report is true and accurate and that my signature shall have the same legal affect as if mode under a thirty certify that the information of the exemption of the exempt   | 2. Thereby ce   | ertify that the informatic                         | on supplied with this mi-                     | a doga est "" "         |                  |  |  |                           |                            |

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: \( \)

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