FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P93000084667 1. Entity Name GUARDIAN TRANSPORT, INC.							Apr 17, 2001 8:00 am Secretary of State 04-17-2001 90127 030 ***150.00				
Principal Place of Business 2207 WELLS ROAD AUBURNDALE FL 33823 US		P. O	Mailing Address P. O. BOX 1716 AUBURNDALE FL 33823 US								
Principal Place of Business 410 GANDY ROAD			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Star	te RNDALE, FL		City & State		<u> </u>	4. F	El Number 59-3217711			oplied For ot Applicable	
Zip Country 33823 USA		Z	Zip Coun		ntry	5. 0	Certificate of Status Desired		.75 Add e Require	ditional	
	6. Name and Address of Co	ırrent Regist	ered Agent		Name	7. N	lame and Address of New Rec	sistered Age	ent		
CASTLEBERRY, ANN D 2207 WELLS ROAD					Street Address	Street Address (P.O. Box Number is Not Acceptable)					
1.0	URNDALE FL 33823							. <u>.</u>			
					City			FL	Zip Code	e	
8. The above	e named entity submits this staten	nent for the pu	urpose of changing its	register	l ed office or regist	tered age	ent, or both, in the State of Flori				
SIGNATURE .	Signature, typed or printed name of registere	d agent and title if	applicable. (NOT	E: Registere	d Agent signature requi	red when rei	instating)	DATE		<u> </u>	
Tax filing i	oration is eligible to satisfy its Inta requirement and elects to do so. ría on back)	ngible	FILE NOW After MAY 1, 20 Make Check Paya	001 Fee			10. Election Campaign Finar Trust Fund Contribution.	ncing		0 May Be I to Fees	
11.	OFFICERS	AND DIREC		12.	——————————————————————————————————————	ADI	DITIONS/CHANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASTLÉBERRY, ANN D 2207 WELLS ROAD AUBURNDALE FL		Delete					L] Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition	
of the cor	certify that the information supplie on this report or supplemental re- poration or the receiver or trustee , or on an attachment with an add	port is true ar empowered ress, with all	id accurate and that r to execute this report	ny signal as requi	mption stated in Sure shall have the	Section 1 e same le 07, Florid	19.07(3)(i), Florida Statutes. I fu ggal effect as if made under oat da Statutes; and that my name a	h; that i am a ppears in Bl	in officer ock 11 or	or director Block 12 if	