

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90043 036 ***150.00

DOCUMENT # P93000085353

1. Entity Name
G N X TRANSPORT, INC.

Principal Place of Business
113 WHISPERING PINES LANE
GLEN ST. MARY FL 32040
US

Mailing Address
113 WHISPERING PINES LANE
GLEN ST. MARY FL 32040
US

2. Principal Place of Business
7816 WHISPERING PINES LN
 Suite, Apt. #, etc.

3. Mailing Address
7816 WHISPERING PINES LANE
 Suite, Apt. #, etc.

City & State
GLEN SAINT MARY FL

City & State
GLEN SAINT MARY FL

4. FEI Number
59-3216045

Applied For
 Not Applicable

Zip
32040

Country
USA

Zip
32040

Country
USA

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

6. Name and Address of Current Registered Agent

CALES, GARY D
113 WHISPERING PINES LANE
GLEN ST. MARY FL 32040

7. Name and Address of New Registered Agent

Name
CALES, GARY D
 Street Address (P.O. Box Number is Not Acceptable)
7816 WHISPERING PINES LANE
 City
GLEN SAINT MARY FL Zip Code
32040

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
P
 NAME
CALES, GARY D.
 STREET ADDRESS
113 WHISPERING PINES LANE
 CITY-ST-ZIP
GLEN ST. MARY FL ☐ Delete

TITLE
V
 NAME
CALES, SCOTT G.
 STREET ADDRESS
113 WHISPERING PINES LANE
 CITY-ST-ZIP
GLEN ST. MARY FL ☐ Delete

TITLE
T C
 NAME
CALES, NANCY C
 STREET ADDRESS
113 WHISPERING PINES LANE
 CITY-ST-ZIP
GLEN ST. MARY FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P ☒ Change ☐ Addition
 NAME
CALES GARY D.
 STREET ADDRESS
7816 WHISPERING PINES LANE
 CITY-ST-ZIP
GLEN SAINT MARY FL 32040

TITLE
V ☒ Change ☐ Addition
 NAME
CALES SCOTT G.
 STREET ADDRESS
10103 CLET HARVEY RD.
 CITY-ST-ZIP
GLEN SAINT MARY FL 32040

TITLE
T ☒ Change ☐ Addition
 NAME
CALES NANCY C
 STREET ADDRESS
7816 WHISPERING PINES LANE
 CITY-ST-ZIP
GLEN SAINT MARY FL 32040

TITLE
S ☐ Change ☒ Addition
 NAME
CALES SANDRINE M
 STREET ADDRESS
10103 CLET HARVEY ROAD
 CITY-ST-ZIP
GLEN SAINT MARY FL 32040

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY D CALES **GARY D CALES Pres** 1-8-02 (904) 259-5647
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)