2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400004117 1. Entity Name							FES COMPANY		
PROFREIGHT TRANSPORTATION, INC.									
Principal Place of Business Mailing Address					_	- 00 FEB -8 AM 9: N7			
856 BENTLEY C WINNER SPRING US	BREEN CIRCLE	856 BENTLEY GREEN CIRCLE WINTER SPRINGS FL 32708-4351 US				SECRETARIA STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 1523 West Broadway St. Suite, Apt. #, etc.		3. Mailing Address 1523 West Broadway St. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State Oviedo		City & State Oviedo		4. F	El Number 59-3223667		Applied For Not Applicable		
Zip 32765_	Country Seminole	Zip Country 327.6.5 Semi1		try ino1e	5. Certificate of Status Desired S8.75 Add Fee Require				
34703	6. Name and Address of Current		DCm.	LIIO LO		lame and Address of New Reg			
				Name					
STOCKHAMMER, R.W. 856 BENTLEY GREEN CIRCLE WINTER SPRINGS FL 32708				Street Address (P.O. Box Number is Not Acceptable)					
******	EN SI MINOS I E SEZOS			City		FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or regi	stered age	ent, or both, in the State of Floric	a.		
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	: Registere	d Agent signature req	uired when re	einstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTO	DRS IN 11	
TITLE NAME -STREET AUDRESS- CITY-ST-ZIP	P STOCKHAMMER, R.W. -856-BENTLEY-GREEN-CIHCLE- WINTER SPRINGS FL 32708	☐ Delete		1		4000031 -02/15/0 ****150	0==01121=	e □ Aggetion -003 150.00 4	
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indicated of the cor	certify that the information supplied with on this report of supplemental aport is poration of the receiver or trustee empo or on an attachment with an address, v	true and accurate and that nowered to execute this report	ny signa as requi	ture shall have t	ne same i	legal effect as it made unger oat	n: inai i am an oilid	cer or director 1	

SIGNATURE AND DIFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _