May 21, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000008576 1. Entity Name 05-21-2001 90036 047 \*\*\*150.00 Bigelow Transportation, Inc. Principal Place of Business Mailing Address 658654 2. Principal Place of Business 12305-D 52nd St. N. 3. Mailing Address PO Box 17207 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Largo, FL 33773 4. FEI Number 59 - 3228172 Clearwater, FL 33762 Applied For Not Applicable County Pinellas Country Pinellas <sup>Zip</sup> 33762 \$8.75 Additional 33773 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent John Bigelow Street Address (P.O. Box Number is Not Acceptable) 12305 -D 62nd St. N. Largo, FL 33773 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. FILE NOW!!! PEE IS:\$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE President ☐ Delete TITLE Change ☐ Addition NAME NAME John Bigelow STREET ADDRESS STREET ADDRESS 2765 Navel Drive CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -☐ AddItion TITLE \_\_\_ Delete Change : NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-7/P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 outh; that I am an officer or director of the corporation or the receive/nor trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment/with an address, with all other like empowered. SIGNATURE: Joh

**FILED**