2000 UNIFORM BUSINESS REPORT (UBR)

8/28/00-90037-037-$158.75-$158.75

DOCUMENT # P95000037422

1. Entity Name

MAULDEN TRANSPORTATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -6 PM 12:43

Principal Place of Business	Mailing Address
LAKE CENTER SUITE 110 1250 S HWY 17-92 LONGWOOD FL 32750	LAKE CENTER SUITE 110 1250 S HWY 17-92 LONGWOOD FL 32750-5731

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3321508 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAULDEN, TIM LAKE CENTER SUITE 110 1250 S HWY 17-92 LONGWOOD FL 32750	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

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

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MAULDEN, TIM 1250 S HWY 17-92, SUITE 110 LONGWOOD FL 32750	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: [illegible] Tim Maulden, Pres. 4-14-00 4076394083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Maulden, Tim
1250 S. Hwy 17-92
Ste. 110
Longwood, Fla.
32750

10-2-00

Dear Department of State;

According to my records, the enclosed report was mailed in April of this year. I filed this report with $150.00 check for the filing fee and $8.75 for a certificate of status.

Please advise by calling my home phone at 407-629-4083 as to how I can maintain my bussiness status.

Sincerely,

William M Maulden

President, Maulden Transportation, Inc.