

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90109 034 ***150.00

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DOCUMENT # P95000057863

1. Entity Name
CONA TRANSPORTATION, INC.



Principal Place of Business
**301 NORTHSTAR
SANFORD FL 32771
US**

Mailing Address
**P O BOX 241
SANFORD FL 32772-0241
US**

2. Principal Place of Business
570 Cranes Way # 246

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Altamonte Springs, FL

City & State

4. FEI Number **59-3331472**

Applied For
Not Applicable

Zip
32701

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSINSKI, VAL L ESQ.
9836 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
WESSEL, WILLIAM H
570 CRANES WAY #246
ALTAMONTE SPRINGS FL 32701** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
WESSEL, SALLY J
570 CRANES WAY #246
ALTAMONTE SPRINGS FL 32701** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

William H Wessel
WILLIAM WESSEL
JURED PRESIDENT

4-1-03 407-509-1071

Date

Daytime Phone #

CR2E034 (10/02)