## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 08, 2002 8:00 am Secretary of State P95000098015 DOCUMENT # 1. Entity Name HUN TRANSPORT, INC. 05-08-2002 90157 037 \*\*\*150.00 Principal Place of Business Mailing Address 1055 KENSINGTON PARK DR 1055 KENSINGTON PARK DR #107 #107 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 `IIS US 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For steer 59-3354337 Not Applicable ountry VOLUSIA \$8.75 Additional 5. Certificate of Status Desired Olusia Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERTA, DIANE H Diane Street Address (P.O. Box Number is Not Acceptable) 1055 KENSINGTON PARK DR #107 **ALTAMONTE SPRINGS FL 32714** City Zip Code **3a7彡**& 8. The above named entity s armits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VSTD PVSTD ☐ Delete TITLE Change CR2E034 (9/01) ☐ Addition NAME Berta, Diane H Berta, Diane H. NAME STREET ADDRESS 1055 KENSINGTON PARK DR #107 STREET ADDRESS 233 Gléncove Dr. CITY-ST-7IP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP Deltona, FL 32738 TITLE PD Delete TITLE ☐ Change ☐ Addition NAME BERTA, PAUL NAME STREET ADDRESS 1055 KENSINGTON PARK DR #107 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Defete Change Addition NAME STREET ADDRESS STREET ADDRESS

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

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