FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P9600002301 1. Entity Name PDQ TRANSIT, INC. 4-04-2001 90143 033 ***150.00 Principal Place of Business Mailing Address 3010 SCHERER DR 3010 SCHERER DR UNIT B UNIT B C0042168 ST PETERSBURG FL 33716 ST PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address 12401 Belcher Road 5. Suite, Apt. #, etc. 12401 Belcher DO NOT WRITE IN THIS SPACE # 600 # 600 City & State City & State 4. FEI Number Applied For 59-3350268 argo argo Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 3*3*773-3013 USA 33773 - 3013 7. Name and Address of New Registered Agent =: --MINOR, DEREK Street Address (P.O. Box Number is Not Acceptable) 3010 SCHERER DR UNIT B ST PETERSBURG FL 33716 Zip Code 3 3773 -3013 argo gistered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for th purpose of changing SIGNATURE Signature, typed or printed name (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE MINOR, DEREK NAME NAME 12401 Belcher Rd S, #600 3010 SCHERER DR UNIT B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33716 CITY-ST-ZIP Largo FL 33773-3013 ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Delete ---TITLE ~TITLE= NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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 empower

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01