2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receive changed, or on an attachment y

SIGNATURE:

FILED May 22, 2002 8:00 am Secretary of State P96000002301 DOCUMENT # 1. Entity Name 05-22-2002 90240 009 ***150 00 PDQ TRANSIT, INC. Mailing Address Principal Place of Business 12401 BELCHER RD. SOUTH 12401 BELCHER RD. SOUTH #600 #600 LARGO FL 33773-3013 LARGO FL 33773-3013 3. Mailing Address 2. Principal Place of Business Butten wood Pottmood DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3350268 Not Applicable argo argo \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 3*37-7-*0 Fee Required~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MINOR, DEREK Street Address (P.O. Box Number is Not Acceptable) 301 Buttenwood Lane 12401 BELCHER RD. SOUTH #600 Zip Code LARGO FL 33773-3013 8. The above named entity submits this statement for the purpose of changing its registered office of egistered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) nted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete NAME ΝΔΜΕ MINOR, DEREK Buttenwood Lane STREET ADDRESS 12401 BELCHER RD. SOUTH, #600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773-3013 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 oath; that I am an officer or director of the corporation or the receiver of 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

Daytime Phone *