2001 UNIFORM BUSINESS REPORT (UBR)

Mar 27, 2001 8:00 am DOCUMENT # P9600002895 **Secretary of State** JAY BIRD EXPRESS, INC. 03-27-2001 90056 041 ***150.00 Principal Place of Business Mailing Address 3373 VEGABOND ROAD 3373 VEGABOND ROAD LANTANA FL LANTANA FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0634751 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTTER, SUSAN Street Address (P.O. Box Number is Not Acceptable) 3373 VAGABOND ROAD LANTANA FL City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change Addition TITLE Delete MARTTER, TERRY J NAME NAME STREET ADDRESS STREET ADDRESS 3373 VAGABOND ROAD CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 ☐ Change Addition TITLE TITLE Delete MARTTER, SUSAN NAME NAME STREET ADDRESS STREET ADDRESS 3373 VAGABOND ROAD CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME 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.

CITY-ST-ZIP

CITY-ST-ZIP

3-22-01

561-433-1423

Daytime Phone #

;R2E034 (10/00)