## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P96000010584 **DOCUMENT #**

NAME

STREET ADDRESS

1. Entity Name MATERIALS TRANSPORT SERVICE COMPANY							02-17-2003	90265 04	5 ***150.0	00	
Principal Place of 8467 NOROAD JACKSONVILLE F		Mailing Address C/O ARNOLD H. SLOTT. SLOTT & BARKER 334 EAST DUVAL STREET JACKSONVILLE FL 32202 US									
2. Principal Plac	ce of Business	3. Mailing	Address								
Suite, Apt. #,	etc.	Suite, A	Apt. #, etc.				CHECK HERE II	F MAKING (		ad For	
City & State		City & State			4. FE	59-3366328		Not A	ied For Applicable		
Zip	Country	Zip Coun			ry	5. Certificate of Status Desired			onal		
·	· <u>-                                   </u>			— т		7. Na	ame and Address of New Ro	egistered A	gent		
	6. Name and Address of Current Registered Agent					Name					
				Į							
SLOTT, ARI			Street Address (P.O. Box Number is Not Acceptable)								
334 EAST DUVAL STREET											
1	7LLE FL 32202	,			City	FL Zip Code					
					d -Hina or so	oistored age	nt or both in the State of Flo	orida. I am fa	amiliar with, a	nd accept	
8. The above the obligation	named entity submits this statement ons of registered agent.	for the purpos					·	DATE			
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applic	able. (NOTE	E: Registere	d Agent signature	required when re	instating)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						'	<ol> <li>Election Campaign Finant Fund Contribution</li> </ol>	nancing on. C		May Be to Fees	
Make Check	Payable to Florida Department	of State		11.		AC	DITIONS/CHANGES TO OF	ICERS AND	DIRECTORS	IN 11	
10.	OFFICERS AN	ID DIRECTOR		TITL				-	☐ Change	Addition	
TITLE NAME STREET ADDRESS	DPS SILLS, MILTON T 8467 NOROAD		☐ Delete	NAM STR	AE EET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32210	SONVILLE FL 32210			Y-ST-ZIP				☐ Change	☐ Addition	
TITLE			☐ Delete	TIT! NAI	ME				_		
STREET ADDRESS	1				REET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP				☐ Change	Addition	
TITLE -	–		— Delete		LE -				_		
NAME	1				ME REET ADDRESS						
STREET ADDRESS					TY-ST-ZIP						
CITY-ST-ZIP				_	TLE T	<del>-</del>			Change	Addition	
TITLE			Delete		AME						
NAME					REET ADDRESS						
STREET ADDRESS				CI	TY-ST-ZIP				[] Oh	Addition	
CITY-ST-ZIP	<del> </del>		☐ Delete	TI	TLE				Change	Addition	
TITLE				1	AME						
NAME STREET ADDRESS					TREET ADDRESS						
CITY-ST-ZIP				C	ITY-ST-ZIP				☐ Change	Addition	
TITLE	1		☐ Delete	T	ITLE						

CITY-ST-ZIP 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 all other like empowered.

NAME

STREET ADDRESS

SIGNATURE

**FILED** 

Feb 17, 2003 8:00 am Secretary of State