

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90168 039 ***158.75

DOCUMENT # P96000017807

1. Entity Name
CONSOLIDATED TRANSPORT, INC.



Principal Place of Business
**210 CAPTAINS WALK
STE. 711
DELRAY BEACH FL 33483**

Mailing Address
**210 CAPTAINS WALK
SUITE 711
DELRAY BEACH FL 33483**

2. Principal Place of Business
2144 ARUBA AVE.
Suite, Apt. #, etc.

3. Mailing Address
2144 ARUBA AVE.
Suite, Apt. #, etc.

City & State
FORT MYERS, FL
Zip
33905 Country
LEE

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FORT MYERS, FL
Zip
33905 Country
LEE

4. FEI Number
65-0643175

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVERN, III T Y
210 CAPTAINS WALK
#711
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)
2144 ARUBA AVE.

City **FORT MYERS** FL Zip Code **33905**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas Y. Lovern, III*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDRESS - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MCCARTHY, HENRY N**
STREET ADDRESS **210 CAPTAINS WALK, STE. 711**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2210 ISLE OF PINES AVE.**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE **VTS** ☐ Delete
NAME **LOVERN, THOMAS Y III**
STREET ADDRESS **210 CAPTAINS WALK, #711**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2144 ARUBA AVE.**
CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *Thomas Y. Lovern, III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 (239) 340-5698

Date Daytime Phone #

CR2E034 (10/02)