

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90392 023 ***150.00

DOCUMENT # P96000029449

1. Entity Name
NETWORK ASSOCIATES TRANSPORTATION GROUP, INC.



Principal Place of Business
429 W 23RD STREET
PANAMA CITY FL 32405
US

Mailing Address
P.O. BOX 1498
LYNN HAVEN FL 32444
US

2. Principal Place of Business

700 W 23rd Street Ste 20
Suite, Apt. #, etc.
Ste 20

3. Mailing Address

PO Box 1498
Suite, Apt. #, etc.

City & State
Panama City, FL

City & State
Lynn Haven, FL

4. FEI Number
59-3376482

Applied For
Not Applicable

Zip
32405

Country
USA

Zip
32444

Country
USA

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

6. Name and Address of Current Registered Agent

WILLIAMS, JACK G
502 HARMON AVE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

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

City

FL

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

SIGNATURE **X Jack G Williams**

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
D ☐ **Delete**
NAME
STEWART, RAY C
STREET ADDRESS
3303 COUNTRY CLUB DRIVE
CITY-ST-ZIP
LYNN HAVEN FL 32444

TITLE
D ☐ **Delete**
NAME
STEWART, SHERRY F
STREET ADDRESS
3303 COUNTRY CLUB DRIVE
CITY-ST-ZIP
LYNN HAVEN FL 32444

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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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:

X Sherry F Stewart **Sherry F. Stewart** **04/01/03 (800) 769-0015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)