FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 29, 2001 8:00 am DOCUMENT # P97000016061 **Secretary of State** 1. Entity Name CONCORDE TRANSPORATION SERVICES, INC. 03-29-2001 90017 010 ***150.00 Principal Place of Business Mailing Address 399 150 AVE BLDG B #110 PO BOX 8397 MADIERA BCH FL 33708 MADIERA BCH FL 33708 2. Principal Place of Business 3. Mailing Address 202 BIG PINE 202 BIG PINE LANE LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3425798 GORDA PUNTA GORDA Not Applicable Country Country \$8.75.Additional 5. Certificate of Status Desired 33955 USA USÁ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HASTINGS & ASSOCIATES PA Street Address (P.O. Box Number is Not Acceptable) 2207 54TH ST S **GULFPORT FL 33707** Zip Code City 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete VTD 3R2E034 (10/00) WANDA F. MORTON WIGAND, CHARLES E NAME NAME 202 BIG PINE LANE STREET ADDRESS 399 150TH AVE BLDG B 110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GURDA, FL 33955 MADIERA BCH FL 33708 STD Delete TITLE ☐ Addition TITLE ☐ Change HART, LYNDA B NAME NAME STREET ADDRESS 399 150TH AVE BLDG B 110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP___ N REDINGTON BEACH FL 33708 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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 of an address, with all other like empowered.

CHARLES E. WIGAND

941-575-5666