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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
03-20-2000 90108 004 ****70.00
04-18-2000 90805 020 ****88.75

DOCUMENT # P97000024671

1. Entity Name

BLUE STAR TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
210 BRIDLE PATH LONGWOOD, FL 32708	SAME

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. BOX 951528	P.O. BOX 951528
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE MARY, FL	City & State: LAKE MARY, FL
Zip: 32795 / Country: US	Zip: 32795 / Country: US

4. FEI Number: 59-3445550 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NANCY NISIVOCCIA
680 WEST STATE ROAD 434
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

Name: ANTHONY NISIVOCCIA
Street Address (P.O. Box Number is Not Acceptable): 210 BRIDLE PATH
City: LONGWOOD FL Zip Code: 32708

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: Anthony Nisivoccia ANTHONY NISIVOCCIA, PRESIDENT DATE: 2/28/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NANCY NISIVOCCIA 210 BIRDLE PATH LONGWOOD, FL 32779	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANTHONY NISIVOCCIA 210 BRIDLE PATH LONGWOOD, FL 32708	XX Change ☐ Addition
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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 617, 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: Anthony Nisivoccia PRESIDENT 2/28/00 (800) 782-7555