FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # 297000045900 1. Entity Name Vista TRANS PORTATION CO IN. POBOX 1296 BELLEVICW, FL. 34420 DO NOT WRITE IN THIS SPACE			05-21-2002 90876 034 ***150.00
Belleview FL.	City & State Bellevien	S FL	4. FEI Number
B4421 - Marion -	34420	-Marida	5. Certificate of Status Desired
		Name -	7. Name and Address of Current Registered Agent
DO NOT W IN THIS SI		Street Address	(P.O. Box Number is Not Acceptable)
		City Bold	Leview FL Zip Code
8. The above named entity submits this statement if SIGNATURE Properties of printed name of registered agents 9. This comporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	e January 15 M	Registered Agent signature require 2017 Fee is \$150.00.	04/27/02
(See criteria on back)	Make Check Payab	UBR is \$61.25 le to Department of St	Trust Fund Contribution. Added to Fees
11. OFFICERS AND ITTLE NAME STREET ADDRESS CITY-ST-ZIP OFFICERS AND DINECTOR 15 CC OFFICERS AND OFFICERS AND	PRED FL-34421	TITLE NAME STREET ADDRESS CITY- ST-ZIP	
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TITLE NAME STREET ADDRESS CITY: S1-ZIP		NAME STREEL ADDRESS CITY: ST-ZIP	IN THIS SPACE
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TIFLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
of the corporation or the receiver or trustee em attachment with an address, with albother like en	s true and accurate and that my powered to execute this report	y signature shall have the as required by Chapter 6	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 607. Florida Statutes: and that my name appears in Block 11 or on an