

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93594 043 \*\*\*150.00

DOCUMENT #

1. Entity Name

J.T. Transport Services, Inc.

P970000019

**DO NOT WRITE IN THIS SPACE**

673458

2. Principal Place of Business

8872 Jaspers Dr.

Suite, Apt. #, etc.

3. Mailing Address

8872 Jaspers Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Baynton Beach FL

City & State

Baynton Beach FL

4. FEI Number

65-0767944

Applied For

Not Applicable

Zip

33437

Country

USA

Zip

33437

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Milstein Bradley

8872 Jaspers Dr.

**DO NOT WRITE  
IN THIS SPACE**

Baynton Beach

FL

Zip Code  
33437

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)

5/18/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
Milstein, Jay  
8872 Jaspers Dr.  
Baynton Beach, FL 33437

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
Milstein Bradley  
8872 Jaspers Dr.  
Baynton Beach, FL 33437

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/02 561-436-6689

Date

Daytime Phone #

CR2E034B (12/01)