2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P9800004150 1. Entity Name V.I.P. TRANSPORTATION, INC. 03-12-2001 90505 040 ***150.00 Principal Place of Business Mailing Address 4959 SE SALVATORE RD. 4959 SE SALVATORE RD. STUART FL 34997 STUART FL 34997 U\$ Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0805039 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OSE CARPIO, JOSE DEL Street Address (P.O. Box Number is Not Acceptable) 4959 SE SALVATORE RD. STUART FL 34997 FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE PTD ☐ Delete TITLE NAME CARPIO, JOSE A DEL NAME 8914 SE LUCAYA LANE Hobe Sound FL 33455 STREET ADDRESS STREET ADDRESS 4959 SE SALVATORE ROAD CITY-ST-ZIP CITY-ST-7iP STUART FL 34997 ☐ Delete TITLE **VPSD** TITLE NAME NAME Warren, Barbara STREET ADDRESS STREET ADDRESS 4959 SE SALVATORE RD. CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 Addition ☐ Change TITLE TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 requirement of the corporation or the requirement of the 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 with an address with all other like empowered.

SIGNATURE:

TURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 5612238831