FOR PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR)

DOCUMENT # P3800012737 1. Entity Name OAKWOOD TRANSPORT US INC.			FILED
			04 OCT 19 AM 10: 19
DO NOT WRIT	E IN THIS SPA	CE S	SECRETARY STATE TALLAHASSEE, FLORIDA
		<u> </u>] <i>M</i> /
2. Principal Place of Business	3. Mailing Address		Property of the Contract of th
2425 WEEFOLKS CIRCLE 129 OAKWOOD ST		REET	REINSTATEMENT 02-04
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number Applied For
SEBASTIAN, FL	INGERSOLL, ON		59-3525911 Not Applicable
Zip Country	Zip	Country	\$8.75 Additional
32859	— N5C-3J7	CANADA	5. Certificate of Status Desired Fee Required
		1	Name and Address of Current Registered Agent
DO NOT WRITE			ILL, ALLEN
		Street Address (2425 WEE	(P.O. Box Number is Not Acceptable) FOLKS CIRCLE
IN THIS S	SPACE		
		City	и F L Zip-12859
	and the success of sharping	SEBASTIA	gistered agent, or both, in the State of Florida. I am familiar with, and
accept the obligations of registered agent.	ement for the purpose of changing	nts registered diffice of reg	gistered agent, or both, in the State of Florida. I am familial with, and
SIGNATURE			DATE:
	stered agent and title if applicable. (No	JTE: Registered Agent signat	ture required when reinstating) DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Departmen	it of State	J 45	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
10. OFFICERS AND D	IRECTORS !		
TITLE PRESIDENT	t	TITLES	
NAME ALLEN GLEDHILL STREET ADDRESS 2425 WEEFOLKS	CIDCIR	NAME STREET ADDRESS	
CITY-ST-ZIP SEBASTIAN, FL 32		CITY - ST - ZIP	
TITLE	:	πιε	
NAME		NAME	
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TITE :	1	TITLE	100040110001
NAME STREET ADDRESS	1	"NAME STREET ADDRESS	100042110991 10/22/0401058003 **1058.75
CITY-ST-ZIP		CITY - ST - ZIP	
indicated on this report or supplemental re	port is true and accurate and that mee empowered to execute this report empowered.	y signature shall have the as required by Chapter 60	Section 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 07. Florida Statutes; and that my name appears in Block 10 or on an
SIGNATURE:X/ - (1)		DHILL	×08-13-04 519-485-4851
SIGNATURE AND TYPE	OR PRINTED NAME OF SIGNING OFF	ICER OR DIRECTOR	Date Daytime Phone #

2W1140 2.000