

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90168 022 ***150.00

DOCUMENT # P98000013488



1. Entity Name
HAZ TRANSPORTATION, INC.

Principal Place of Business
**4040 WOODCOCK DRIVE, SUITE 230
JACKSONVILLE FL 32207**

Mailing Address
**4040 WOODCOCK DRIVE, SUITE 230
JACKSONVILLE FL 32207**



2. Principal Place of Business
4029 ATLANTIC BLVD
Suite, Apt. #, etc.
3

3. Mailing Address
4029 ATLANTIC BLVD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE FL
Zip
32207 Country
USA

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JACKSONVILLE FL
Zip
32207 Country
USA

4. FEI Number
59-3497656

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PATRICK, MARK R
~~**4040 WOODCOCK DRIVE, SUITE 230**~~
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4029 ATLANTIC BLVD

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PS
HART, STEPHEN J
39 ELDA LN
PORT ORANGE FL 32127** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS
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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 607, 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:

Signature and Typed or Printed Name of Signing Officer or Director

STEPHEN J. HART **3-21-03** **386 871 0459**

Date

Daytime Phone #

CR2E034 (10/02)