HIMIEADM BUGINEGS DEDADT (HRD)

200	ONIFORM DOSI	NEGO NEFOR	1 (00	<u> </u>		FILE	D	
DOCUMENT # P98000017980 1. Entity Name MI TRANSPORTATION, INC.					May 01, 2001 8:00 am Secretary of State 05-01-2001 90107 013 ***150.00			
					05-01-2	2001 90107 01	.3 ***150.	00
Principal Plac 985 CARROLL CLEARWATER F	STREET	Mailing Address 1985 CARROLL STREET CLEARWATER FL 34625						
2. Principal P	Place of Business Hercules Aug	3. Mailing Address 気い ル Hをく	.11 (48	Aur				
Suite, Apt.		Suite, Apt. #, etc.			DO NOT	WRITE IN THIS SP	PACE	
City & Stat		City & State Clearwater	FL	4.	FEI Number 59-3495		Not a	lied For Applicable
Zip 3371	Country	Zip (Country		Certificate of Status Desir	- F	8.75 Additi	onal
	6. Name and Address of Current R	egistered Agent	Name	7	Name and Address of Ne	w Registered Ac	jent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code	
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent an		istered office o			of Florida.		
Tax filing	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			10. Election Campaig Trust Fund Contril		\$5.00 Added to	
11.	OFFICERS AND D	RECTORS	12.	Αſ	DDITIONS/CHANGES TO		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUTHRIE, SARAH W 1985 CARROLL STREET CLEARWATER FL 34625	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		s HErculos	AUE	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KNOX POPPLETON, JAY 1985 CARROLL STREET CLEARWATER FL 34625	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	861 N	s Herewles water, El	AUE	,	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO DESOTO, PETER 1885 CARROLL STREET CLEARWATER FL 33765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLOI I	U HERCULOS WATON, FL	3376	Change	☐ Addition }
TITLE NAME STREET ADDRESS	VPF FASENMYER, JANET 1510 N HERCULES AVE	☐ Delete	TITLE NAME STREET ADDRESS		- Hercules		Change	Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CLEARWATER FL 33765

Change

Change

☐ Addition

☐ Addition