2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90095 050 ***150.00

DOCUMENT # P98000031052

Entity Name

JOHANSON TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
7315 S MASCOTTE STREET TAMPA FL 33616	7315 S MASCOTTE STREET TAMPA FL 33616-2813

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12709 CHIHUAHUA COURT	12709 CHIHUAHUA COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: THONOTOSASSA, FL	City & State: THONOTOSASSA, FL
Zip: 33592 Country:	Zip: 33592 Country:

4. FEI Number 59-3504213 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHANSON, DAVID
7315 S MASCOTTE STREET
TAMPA FL 33616

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 12709 CHIHUAHUA COURT

City THONOTOSASSA FL Zip Code 33592

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] 5-8-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHANSON, DAVID 7315 S MASCOTTE STREET TAMPA FL 33616 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ 12709 CHIHUAHUA COURT THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change

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

SIGNATURE: [signature] 5-8-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #