2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P98000054362 1. Entity Dame TRANSIT HOLDING COMPANY 4-23-2001 90105 046 ***150.00 Principal Place of Business Mailing Address 1415 MAPLE STREET 1415 MAPLE STREET LAKELAND FL 33810-0510 LAKELAND FL 33810-0510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3519961 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNLAPTIII. GEORGE TESO. Street Address (P.O. Box Number is Not Acceptable) **BOSWELL & DUNLAP LLP** 245 SOUTH CENTRAL AVAENUE BARTOW FL 33830 City 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 Panistered Agent signature required when reinstating) FILE /10W!!! 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change TITLE ☐ Delete BRYANT, GRANVEL LEE STREET ADDRESS STREET ADDRESS 1415 MAPLE DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33810-0510 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME BRYANT, JANET B STREET ADDRESS STREET ADDRESS 1415 MAPLE DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33810-0510 TITLE Delete TITLE ☐ Change Addition NAME O'LEARY, PATRICK J NAME STREET ADDRESS 7516 WILLOW WISP DRIVE, WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33810 TITLE Delete ☐ Addition TITLE NAME O'LEARY, KAREN L NAME STREET ADDRESS STREET ADDRESS 7516 WILLOW WISP DRIVE, WEST CITY-ST-7IP CITY-ST-ZIP LAKELAND FL 33810 TITLE Delete [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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.