

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 198000060772

1. Entity Name
PINK TRANSPORT CORPORATION

FILED

02 JAN 17 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1289 THOMPSON ST 1289 THOMPSON ST
NORTH FT. MYERS, FL 33903 NORTH FT. MYERS, FL 33903

2. Principal Place of Business
1289 THOMPSON ST.

3. Mailing Address
1289 THOMPSON ST.

DO NOT WRITE IN THIS SPACE

City & State
NORTH FT. MYERS, FL

City & State
NORTH FT. MYERS, FL

4. FEI Number
65-0860661

Applied For
Not Applicable

Zip Country
33903 US

Zip Country
33903 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LIFSEY J. STANFORD~~
1289 THOMPSON ST.
NORTH FT. MYERS, FL 33903

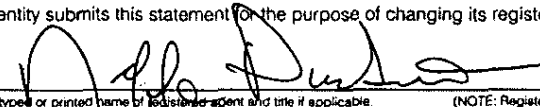
Name
JEFFREY PUCKETT

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

1289 THOMPSON ST.

City Zip Code
NORTH FT. MYERS FL 33903

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  (NOTE: Registered Agent signature required when reinstating)

DATE 11/27/01

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, 2001 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 DP ☒ Delete
NAME LIFSEY J. STANFORD
STREET ADDRESS 1289 THOMPSON ST.
CITY-ST-ZIP NORTH FT. MYERS, FL 33903

TITLE DP ☐ Change ☒ Addition
NAME JEFFREY PUCKETT
STREET ADDRESS 1289 THOMPSON ST.
CITY-ST-ZIP NORTH FT. MYERS, FL 33903

TITLE VP ☒ Delete
NAME ROBERT D. PUCKETT
STREET ADDRESS 1289 THOMPSON ST.
CITY-ST-ZIP NORTH FT. MYERS, FL 33903

TITLE VP ☐ Change ☒ Addition
NAME JEFFREY PUCKETT
STREET ADDRESS 1289 THOMPSON ST.
CITY-ST-ZIP NORTH FT. MYERS, FL 33903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

3. 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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/01

CR2E034 (11/00)