

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

04-10-2001 90116 003 ***150.00

DOCUMENT # P98000087531

1. Entity Name

D & A TRANSPORT, INC.

Principal Place of Business

Mailing Address

1126 VISCAYA LAKE ROAD
APARTMENT 307
OCOOEE FL 34761P.O. BOX 1286
OCOOEE FL 34761

2. Principal Place of Business

3. Mailing Address

530 JOHNS PASS AVE**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MADEIRA BCH, FLA**OCOOEE FL**

4. FEI Number

59-3539688

Applied For

Not Applicable

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

Zip

Country

Zip

Country

33708**34761****ORANGE**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EHR SAM, ADAM T**P.O. BOX 1286****OCOOEE FL 34761****530 JOHNS PASS AVE****MADEIRA BCH, FL****33708**

Name

ADAM EHR SAM

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

530 JOHNS PASS AVE

City

MADEIRA BCH

FL

Zip Code

33708

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

Adam T EHR SAM

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

(NOTE: Registered Agent Signature required when reinstating)

02-27-01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	DP PETRIZZO, LUNDA CAROL 426 BRIARWOOD ROAD MASSAPEQUA NY 11758	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO EHR SAM, ADAM T P.O. BOX 1286 OCOOEE FL 34761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EHR SAM, AMY SUZANNE 426 BRIARWOOD ROAD MASSAPEQUA NY 11758	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EHR SAM, ADAM T P.O. BOX 1286 OCOOEE FL 34761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	530 JOHNS PASS AVE MADEIRA BCH, FL 33708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	530 JOHNS PASS AVE MADEIRA BCH, FL 33708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Adam T EHR SAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

407-654-4456

Daytime Phone #

CR2034 (10/00)