

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087531

1. Entity Name

D &amp; A TRANSPORT, INC.

Principal Place of Business  
1126 VISCAYA LAKE ROAD  
APARTMENT 307  
OCOEE FL 34761

Mailing Address  
P.O. BOX 1286  
OCOEE FL 34761

2. Principal Place of Business  
530 JOHNS PASS AVE  
Suite, Apt. #, etc.  
P.O. BOX 1286

3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
P.O. BOX 1286

City & State  
MADEIRA BCH, FLA  
Zip 33708 Country 34761

City & State  
OCOEE FL  
Zip 34761 Country ORANGE

6. Name and Address of Current Registered Agent

EHRSAM, ADAM T  
P.O. BOX 1286  
OCOEE FL 34761  
530 JOHNS PASS AVE  
MADEIRA BCH, FL  
33708

4. FEI Number 59-3539688  
Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name ADAM EHRSAM  
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. Ehrsam*

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

(NOTE: Registered Agent Signature required when reinstating)

DATE 02-27-01

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 NAME STREET ADDRESS CITY-ST-ZIP	DP PETRIZZO, LINDA CAROL 428 BRIARWOOD ROAD MASSAPEQUA NY 11758	<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	VPD EHRSAM, ADAM T P.O. BOX 1286 OCOEE FL 34761	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EHRSAM, AMY SUZANNE 428 BRIARWOOD ROAD MASSAPEQUA NY 11758	<input checked="" 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	TD EHRSAM, ADAM T P.O. BOX 1286 OCOEE FL 34761	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Delete	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. Ehrsam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

407-654-4456

Daytime Phone #

CR2034 (10/00)



DO NOT WRITE IN THIS SPACE

04-10-2001 90116 003 \*\*\*150.00

FILED

May 03, 2001 8:00 am  
Secretary of State