2000 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2000 08:00 AM DOCUMENT # P98000088576 1. Entity Name **Secretary of State** TRANSPORT EXPRESS, INC. Principal Place of Business Mailing Address 4103 W ATLANTIC BLVD 4103 W ATLANTIC BLVD COCONUT CREEK COCONUT CREEK FL FL 33066 33066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0877242 Not Applicable Zip Country 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 BOEGLER BOEGLER CHRIS 4203 W ATLANTIC BLVD, STE 220 Street Address (P.O. Box Number is Not Acceptable) 4103 W ATLANTIC BLVD, STE 415 COCONUT CREEK 33066 City Zip Code COCONUT CREEK 33066 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. 04/28/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VTD Delete TITLE ☐ Change ☐ Addition BOEGLER MARISSA NAME STREET ADDRESS 4103 W ATLANTIC BLVD STE #415 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK 33066 CITY-ST-ZIP TITLE PΠ ☐ Delete TITLE X Change ☐ Addition NAME NAME BOEGLER CHRIS M BOEGLER CHRIS M STREET ADDRESS 4203 W ATLANTIC BLVD, STE 220 STREET ACCRESS 4103 W ATLANTIC BLVD, STE 415 CITY-ST-ZIF COCONUT CREEK FL. 33066 CITY-ST-718 COCONUT CREEK FL. 33066 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7/8

CIONATUDE - Christopher M Doogler

CITY-ST-7IP

DD 04/28/2

FILED