

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91167 003 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 98000107646
1. Entity Name
 EWS SIF TRANSPORT, INC.
Red Dog

Principal Place of Business **Mailing Address**
 848 62ND AVENUE N E 848 62ND AVENUE N E
 ST. PETERSBURG, FL 33702 ST PETERSBURG, FL33702

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Registered Agent **Applied For**
 Petersburg 33702 Not Applicable

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

6. Name and Address of Current Registered Agent
 ELLIOTT, DAVID A.
 848 62ND AVENUE NE
 ST. PETERSBURG, FL 33702

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEES \$150.00 After MAY 1, 2001 Fee will be \$850.00 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 D <input type="checkbox"/> Delete	NAME ELLIOTT, DAVID	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 848 62ND AVENUE NE	CITY-ST-ZIP ST. PETERSBURG, FL 33702	NAME	
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	NAME	
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TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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: *David Elliott* **DAVID ELLIOTT** **04/30/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration of Term #

CR2E034 (11/00)