2003 FOR PROFIT CORPORATION

FILED Feb 03, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR**) **Secretary of State** P9900001395 DOCUMENT # 1. Entity Name 02-03-2003 90022 026 ***150.00 49 EXPRESS TRANSPORTATION, INC. Principal Place of Business Mailing Address 205 3.W. 75TH 9T. -P-O-DOX 141795 GAINESVILLE FL 92607 **CAINESVILLE FL-32814** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 🔀 CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number & State 59-3550652 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SHAFFER, JEFFREY M Address (P.O. Box/Number is Not Acceptable) 75 SW /57H STREET 205 S.W. 75TH ST. SUITE 7N **GAINESVILLE FL 32614** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition Delete NAME SHAFFER, JEFFREY M NAME 5745 SW 75TH STREET #278 205 SOUTHWEST 75TH ST., SUITE 7N STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32614** CITY-ST-ZIP CITY-ST-ZIF GAINESVILLE TITI F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

NAME STREET ADDRESS

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Addition