FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 01, 2001 8:00 am Secretary of State DOCUMENT # P99000014314 1. Entity Name TRANSPORT SERVICE FUEL TAX & PERMITS, INC. 05-01-2001 90032 039 \*\*\*150.00 Principal Place of Business Mailing Address 116 OLIVE TREE CIRCLE P.O. BOX 161387 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32716-1387 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3556823 Not Applicable Zip Country Zip 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 **BOUTWELL, REBECCA** Street Address (P.O. Box Number is Not Acceptable) 116 OLIVE TREE CIRCLE ALTAMONTE SPRINGS FL 32714 City 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 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 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Change ☐ Addition CR2E034 (10/00) ☐ Defete TITLE **BOUTWELL, REBECCA** NAME NAME STREET ADDRESS STREET ADDRESS 116 OLIVE TREE CIRCLE CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE-☐.Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OFFICER OF DIRECTOR