

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90210 013 ***150.00

DOCUMENT # <u>P99000065237</u>	
1. Entity Name Corex Transportation Services, Inc.	

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90090838

2. Principal Place of Business <u>8 Grand Bay Circle</u> Suite, Apt. #, etc. <u>Juno Beach, FL</u> City & State	3. Mailing Address <u>Same</u> Suite, Apt. #, etc. City & State
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Zip <u>33408</u>	Country	Zip	Country
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4. FEI Number <u>04-3088736</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <u>Leslie Chaloux</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>8 Grand Bay Circle</u>	
<u>Juno Beach, Florida</u>	
City <u>FL</u>	Zip Code <u>33408</u>

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 _____	<u>President</u>	<u>4/10/03</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<small>DATE</small>		

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE <u>President</u>	NAME <u>Gary Ferguson</u>	TITLE	NAME
STREET ADDRESS <u>8 Grand Bay Circle</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP <u>Juno Beach, FL 33408</u>	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
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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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____	<u>President</u>	<u>4/10/03</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date Daytime Phone #</small>		