2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
05-07-2000 90008 024 ***158.75

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1. Entity Name
L& E TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
2130 WEST MARTIN STREET KISSIMMEE FL 34741	2130 WEST MARTIN STREET KISSIMMEE FL 34741-7104

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2130 W. Martin st	P.O. Box 421442
Suite, Apt. #, etc.	Suite, Apt. #, etc. Kissimmee
City & State: Kissimmee Florida	City & State: Florida
Zip: 34741 / Country: Osceola	Zip: 34742 / Country: Osceola

4. FEI Number 59-3597831 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, LILLIAN
2130 WEST MARTIN STREET
KISSIMMEE FL 34741

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 X Lillian Martinez 4-24-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back). ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Luis M. Martinez President 2130 W. Martin st. Kissimmee, Fl 34741 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice president Lillian Martinez 2130 W. Martin st. Kissimmee, Fl 34741 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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.

SIGNATURE: X Lillian Martinez REQUIRED 4-24-00 407-973-4480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #