2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000087160 May 15, 2000 8:00 am WINTER PARK TRANSPORT, INC. Secretary of State 05-15-2000 91406 041 ***150.00 Principal Place of Business Mailing Address 1010 GARDEN DR. 1010 GARDEN DR. WINTER PARK, FL. WINTER PARK, FL. 32789 2. Principal Place of Business 3. Mailing Address 1010 GARDEN DR. 1010 GARDEN PR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State WINTER PARK, FL. Not Applicable WINTER PARK, FL Country Zip 32786

6. Name and Address of Current Registered Agent \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -Name SPIEGEL & UTRERA, PA. Street Address (P.O. Box Number is Not Acceptable) 3623 WEST KENNEDY BLUD. TAMPA, FL. 33609 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ii. OWNER / PRESIDENT Addition TITLE Delete NAME KAREN L. COOPER<u>;</u> . <u>•0</u>004<u>,9</u>9 STREET ADDRESS 1010 GARDEN DR. CITY-ST-ZIP ST-ZIP WINTER PARK FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete STREET ADDRESS ···· ADDOLÜĞ CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE Delete NAME ADDIDLES STREET ADDRESS CITY-ST-ZIP ST ZIP Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS ····· *DDDFGG CITY-ST-ZIP 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.