2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 04, 2001 8:00 am Secretary of State DÖCUMENT # **P99000088144** Patriot Transportation Brokerage, Inc. 04-04-2001 90122 015 ***150.00 Principal Place of Business Mailing Address 1801 Art Museum Drive 1801 Art Museum Drive Jacksonville, FL 32207 Jacksonville, FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3606370 Not Applicable Zip Zip Country 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 Dennis Dr. Frick 155 E. 21st Street Street Address (P.O. Box Number is Not Acceptable) Jacksonville, FL 32206 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE Change Addition TITLE. D/Chairman NAME NAME John E. Anderson STREET ADDRESS 1801 Art Museum Drive CITY-ST-ZIP <u>Jacksonville, Fl. 32206</u> ☐ Change ☐ Addition TITI F ☐ Delete D/P NAME Ish Copley STREET ADDRESS 1801 Art Museum Drive CITY-ST-ZIP Jacksonville, FL 32206 ☐ Addition ☐ Delete TITLE VP/S

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Dennis D. Frick NAME NAME STREET ADDRESS STREET ADDRESS 155 Elm21stsStreetive CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32207 Addition TITLE ☐ Delete NAME Ray Van Landingham NAME 1801 Art Museum Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP .. Jacksonville, FL 32207 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dennis D. Frick

March 27, 2001

904-355-1781

Daytime Phone

CR2E034 (