2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000089750** May 02, 2000 8:00 am Secretary of State 1. Entity Name ORSO TRANSPORTATION, INC. 05-02-2000 90123 044 ***150.00 Mailing Address Principal Place of Business 2636 BRIDLE DR 2636 BRIDLE DR PLANT CITY FL 33567 PLANT CITY FL 33567-6742 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 54-3010143 City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PHILLIPS, LORI A 121 N COLLINS ST PLANT CITY FL 33566 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. Andrew Orso 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, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. TITLE Vice President Delete TITLE Vice President X Change ☐ Addition NAME NAME Andrew Orso LORIA Phillips STREET ADDRESS 2636 Bridle Drive STREET ADDRESS 2036 Bridle Drive CITY-ST-ZIP Plant City, FL 33567 CITY-ST-ZIP Plant City x☐ Change ☐ Addition X Delete TITLE TITLE Treasurer Treasurer NAME NAME Lori A. Phillips Andrew Orso STREET ADDRESS STREET ADDRESS 2636 Bridle Drive 2636 Bridle Drive CITY-ST-7IP CITY-ST-ZIP Plant City, FL 33567 Plant City, FL 33567 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the 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.

Andrew Orso

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

(888) 895-9882

Daytime Phone #