2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$63858** Jul 19, 2000 8:00 am 1. Entity Name JOSEPH TRANSPORTATION, INC. **Secretary of State** 07-19-2000 90150 026 ***150.00 Principal Place of Business Mailing Address 10717 RT 92E O DOX 2408 **TAMPA FL 33610** BRANDON PL 33509 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-2822653 Not Applicable INELLAS 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 JOSEPH. GEORGE Street Address (P.O. Box Number is Not Acceptable) 703 BOW SPIRIT PL PALM HARBOR FL 34685 Zip Code 336 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Correction Change Ad 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE SD TITLE ☐ Delete 703 BOWSPrit NAME NAME JOSEPH, GEORGE L. STREET ADDRESS STREET ADDRESS 703 SOW SPIRIT PL CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Change Addition TITLE ☐ Delete TITI F JOSEPH, PATRICIA G. NAME STREET ADDRESS STREET ADDRESS 703 BOW SPIRIT PL CITY-ST-7/P CITY-ST-ZIP PALM HARBOR FL 34685 Change ☐ Addition Delete TITLE JOSEPH, GEORGE D. NAME NAME STREET ADDRESS STREET ADDRESS 2903 FERDINAND CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP the STY of Books 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 REQUIRED Patricia & June 1-15-00 (22) 781-483:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AHACHMENT DHS 63858 DUNI 905

Joseph Transp.
Patricia G. Joseph
703 Bowsprit Pl.
Palm Harbor,Fl.
34685

Div. of Corporations Uniform Business Report

P. O. Box 1500

Tallahassee, Fl. 32302-1500

July 15, 2000

Katherine Harris; Sec. of State

Icalled the office in Tallahassee yesterday, (7-14-00) and spoke to a person named Gary about this <u>second</u> for the Uniform Business Reports since I did not receive the first notice. I have been incapacitated by a mild stroke last July 14th. I was beginning to feel that I was making some progress; then on March 21, I was hospitalized again with a second stroke.

If you will please direct all mail to the home address below it will be more helpful- it is becoming impossible for me to drive that distance to the Post Office anymore.

Gary suggested that I sign this report, and send a \$150.00 check; then you would send me further instructions. Our new bookkeeper has also told me she will keep me reminded of these reports.

Mailing address: 703 Bowsprit Place Palm Harbor, Fl.

Th<u>a</u>nk You.

Patricia G. Joseph

Joseph Transp.