

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G58215

FILED
Apr 30, 2003
Secretary of State

Entity Name: MOODY TRUCK CENTER, INC.

Current Principal Place of Business:

833 PICKETVILLE ROAD
JACKSONVILLE, FL 32220

New Principal Place of Business:

4500 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207

Current Mailing Address:

PO BOX 10095
JACKSONVILLE, FL 322470095

New Mailing Address:

FEI Number: 59-2320254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, R.M.
833 PICKETVILLE ROAD
JACKSONVILLE, FL 32220

Name and Address of New Registered Agent:

MOODY, R.M.
4500 PHILIPS HIGHWAY
JACKSONVILLE, FL 32207

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:

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: MOODY, R.M.
Address: 6757 POTTSBURG DR
City-St-Zip: JACKSONVILLE, FL

Title: DV () Delete
Name: MORAN, D. E.M.,
Address: 2300 RIVER ROAD
City-St-Zip: JACKSONVILLE, FL

Title: DV () Delete
Name: THROOP, E.J.M.,
Address: 13846 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL

Title: P () Delete
Name: MOODY, R.M. JR.
Address: 8351 NEWTON ROAD
City-St-Zip: JACKSONVILLE, FL

Title: VP (X) Delete
Name: MOODY, JOHN C.
Address: 14840 PLUMOSA DRIVE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: MOODY, R.M.
Address: 4500 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32207

Title: P (X) Change () Addition
Name: MOODY, R.M. JR.,
Address: 8429 PLANTATION RD.
City-St-Zip: MACLENNEY, FL 32063

Title: VP (X) Change () Addition
Name: MOODY, JOHN C.,
Address: 14840 PLUMOSA DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP (X) Change () Addition
Name: MOODY, JASON S.,
Address: 134444 FOXHAVEN DR. SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.M. MOODY JR.

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date