

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90971 038 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                                                                                                         |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # J83369</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                                                                                                                         |         |
| 1. Entity Name<br><b>SOUTHERN AUTO &amp; TRUCK BROKERS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                                                                                         |         |
| Principal Place of Business<br>POST OFFICE BOX 9<br>PALM HARBOR, FL 34682                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              | Mailing Address<br>POST OFFICE BOX 9<br>PALM HARBOR, FL 34682                                                                           |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              | 3. Mailing Address                                                                                                                      |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | Suite, Apt. #, etc.                                                                                                                     |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | City & State                                                                                                                            |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                      | Zip                                                                                                                                     | Country |
| 4. FEI Number<br><b>59-2882447</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | Applied For<br>Not Applicable                                                                                                           |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              | \$8.75 Additional Fee Required                                                                                                          |         |
| 6. Name and Address of Current Registered Agent<br><b>HICKS, THOMAS D JR<br/>2422 FALCON LN<br/>PALM HARBOR, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                                                                                                                                         |         |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and date it applies (NOTE: Registered Agent signature required when submitting)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                                                                                                         |         |
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | \$5.00 May Be Added to Fees                                                                                                             |         |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                                                                                                         |         |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>VSD</b>                   |                                                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>HICKS, TERESA A</b>       |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1976 VALLEY ROAD</b>      |                                                                                                                                         |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DUNEDIN, FL 34698</b>     |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>PTD</b>                   |                                                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>HICKS, THOMAS D JR.</b>   |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2422 FALCON LN</b>        |                                                                                                                                         |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>PALM HARBOR, FL 34683</b> |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                                                                         |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                                                                         |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                                                                         |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                                                                         |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                         |         |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                                                                                         |         |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                                                                         |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                                                                         |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                         |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                                                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                                                                         |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                                                                         |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                         |         |
| 12. 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 867, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                              |                                                                                                                                         |         |
| SIGNATURE: <i>Thomas D Hicks Jr</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | 4-25-03 727-784-8805                                                                                                                    |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | Date Daytime Phone                                                                                                                      |         |