2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 29, 2001 8:00 am & Secretary of State **DOCUMENT #** P00000005730 1. Entity Name MORROW AUTO TRANSPORT, INC. Principal Place of Business Mailing Address 1514 SHILO CHURCH LOOP 1514 SHILO CHURCH LOOP **GRACEVILLE FL 32440 GRACEVILLE FL 32440** Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country \$8:75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered MORROW, JOHN M 1514 SHILO CHURCH LOOP **GRACEVILLE FL 32440** 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 required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (5/01)TITLE X Delete TITLE ☐ Addition NAME MORROW, JOHN M NAME STREET ADDRESS PO BOX 283HA STREET STREET ADDRESS **GRACEVILLE FL 32440** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🛴 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attachm er like empowered

Dr. # 100000005730 P.O. Box 283 Dhaceville FL 32440 FL Dept. of State Division of Rorporations P.O. Box 1500 Tallahassee, FL 32302-1500 To Whom It May Concern: Week to notify your that we never received the first form, Doc. # P00000005730, 2001 Uniform Business Report due to the wrong address being used. We do have our business, at 1514 Shiloh Church Loop but the mailing address is P.O. Box 283, Graceville, FL 32440.
They will not deliver our mail if
the Shiloh Church Loop address is Used for mailing. to go ahead and send the \$450 usual Fee. Thanks for your cooperation in this matter. Dannitti Digaria