

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91317 045 \*\*\*150.00

**DOCUMENT # P00000020979**

**1. Entity Name**  
**A & M AUTO TRANSPORT, INC.**



**Principal Place of Business**  
**2311 ROGERS ROAD**  
**LAKELAND FL 33813**

**Mailing Address**  
**PO BOX 440860**  
**C/O BFT**  
**AURORA CO 80014-0860**

**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 91-2025983**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**REHER, DEBORA C**

**P00000020979**

**2311 ROGERS ROAD**  
**A & M AUTO TRANSPORT, INC.**  
**LAKELAND FL 33813**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.**

C/O BFT

AURORA CO 80014-0860

SIGNATURE

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** MOLICK, MICHAEL J  
**STREET ADDRESS** 1400 N ALMA SCHOOL ROAD  
**CITY-ST-ZIP** CHANDLER AZ 85224

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VPD ☒ Delete  
**NAME** FELLOWS, DOUGLAS E  
**STREET ADDRESS** 2103 E. COUNTY RD. 14  
**CITY-ST-ZIP** LOVELAND CO 80537

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** STD ☐ Delete  
**NAME** REHER, DEBORA C  
**STREET ADDRESS** PO BOX 440860  
**CITY-ST-ZIP** AURORA CO 80014

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**STREET ADDRESS** 1400 N ALMA SCHOOL ROAD  
**CITY-ST-ZIP** CHANDLER AZ 85224

**TITLE** ☐ Change ☐ Addition  
**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 607, 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** *Deborah C Reher* **Deborah C Reher, Secretary** **04-25-03** **303-755-0710**

PO BOX 440 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)