2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90034 020 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000027524

1. Entity Name
ALL AMERICA TRANSPORT SERVICES, INC.

Principal Place of Business	Mailing Address
7910 44TH STREET NORTH PINELLAS PARK FL 33781	7910 44TH STREET NORTH PINELLAS PARK FL 33781

2. Principal Place of Business	3. Mailing Address
HC1 Box 140-20	HC1 Box 140-20
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OLD TOWN, FL	City & State: OLD TOWN, FL
Zip: 32680 Country: USA	Zip: 32680 Country: USA

4. FEI Number: 59-3633140 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNOUS, JULIE 7910 44TH STREET NORTH PINELLAS PARK FL 33781	Name: Knous, Julie Street Address (P.O. Box Number is Not Acceptable): HC1 Box 140-20 City: OLD TOWN **FL** Zip Code: 32680

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.

SIGNATURE: Julie Knous V.P DATE: 4-10-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNOUS, DANIEL S 7910 44TH STREET NORTH PINELLAS PARK FL 33781	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition HC1 Box 140-20 OLDTOWN, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KNOUS, JULIE 7910 44TH STREET NORTH PINELLAS PARK FL 33781	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition HC1 Box 140-20 OLDTOWN, FL 32680
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Julie Knous — 4-10-01 — 727-546-0339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #