AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -3 PM 6:00

DOCUMENT # P00000087762

1. Entity Name
A SIGNATURE TRANSPORT CAR SERVICE, INC.

Principal Place of Business (OLD)	Mailing Address
2311 GRANDIN ST. HOLIDAY, FI 34690	2311 GRANDIN ST HOLIDAY, FI 34690

2. Principal Place of Business	3. Mailing Address
4131 LOUIS AVE.	4131 LOUIS AVE.
Suite, Apt. #, etc. UNIT 1	Suite, Apt. #, etc. UNIT 1
City & State HOLIDAY, FL	City & State HOLIDAY, FI
Zip 34691 Country USA	Zip 34691 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ 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
JOSEPH + TERRY A. DUROSS ~~2311 GRANDIN ST.~~ HOLIDAY, FI 34690	Name TERRY A. DUROSS Street Address (P.O. Box Number is Not Acceptable) 5333 CASA NUEVA DR. City NEW PORT RICHEY FL Zip Code 34655

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 TERRY A. DUROSS (PRES) [signature] 10/29/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JOSEPH DUROSS 2311 GRANDIN ST. HOLIDAY, FI 34690 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT TERRY A. DUROSS 5333 CASA NUEVA DR. NEW PORT RICHEY, FI 34655 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800004719498-- -12/11/01--01080--007 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition [initials] 12/10
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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 617, 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 [signature] TERRY A. DUROSS 10/29/01 (727) 944-5415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #