## **FILED** Apr 29, 2002 8:00 am & Secretary of State 04-29-2002 90135 022 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P00000088366

**DOCUMENT #** 1. Entity Name

BANNER TOWING & TRANSPORT SPECIALISTS, INC

Principal Place of Business

2954 PHILLIPS HWY JACKSONVILLE FL 32207 Mailing Address

2954 PHILLIPS HWY

JACKSONVILLE FL 32207

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2. Principal Place of Business			3. Mailing Address			_				<b>a a</b> ana <b>a</b> nn 1 <b>a a</b> i	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	FEI Number <b>59-3671062</b>			Applied For Not Applicable	
Zip			Zip	Country		5.	Certificate of Status Desired		\$8.75 Ad	dditional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
INMAN, RUDOLPH J JR 1301 RIVERPLACE BLVD					Street Address (P.O. Box Number is Not Acceptable)						
STE 2120	l										
JACKSON	IVILLE FL 3	2207		City		<del></del>		FL	Zip Co	de	
8. The above named entity submits this statement for the purpose of changing its residual statement for the					gent signature requirements \$150.00	ired when r		DATE	\$5.0 Adde	00 May Be	
11.	OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				2S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		en Erhorn dr Ville fl. 32216	□ Delete	TITLE NAME STREET A		- 4517	Greenover Lan	e		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A	DDRESS	ick <u>s</u>	onville, FL 3	<u> </u>	<u>−4411</u> ☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete	TITLE NAME STREET A CITY-ST-					Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete	TITLE NAME STREET A	I	1		<del></del>	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AG CITY-ST-					Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AD CITY-ST-	l l			_	☐ Change	Addition	

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:

Rozier, Pres. SIGNATURE AND CHECK OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

(904)398 - 2330

Daytime Phone #