

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


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

04-28-2003 90185 037 \*\*\*150.00

0025243 AV

**DOCUMENT # P00000088366**

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



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3671062**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**INMAN, RUDOLPH J JR**  
**1301 RIVERPLACE BLVD**  
**STE 2120**  
**JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **ALAN D. HENDERSON**

Street Address (P.O. Box Number is Not Acceptable)  
**4309 PABLO OAKS Ct., SUITE FIVE**

City **JACKSONVILLE** FL Zip Code **32224**

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.

SIGNATURE *Alan D. Henderson* **ALAN D. HENDERSON** DATE **4-23-03**

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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |                                 |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | <input type="checkbox"/> Delete |
| <b>P ROZIER, KEN 14517 GREENOVER LANE JACKSONVILLE FL 32258-4411</b> |                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|   |  |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>Secretary Rozier, Cathy B. 14517 Greenover Lane Jacksonville, FL 32258</b> |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *Alan D. Henderson* **ALAN D. HENDERSON** DATE **4/23/03** DAYTIME PHONE # **9043982330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)