## EAD DOCKT CARDON ATION

U	NIFORM BUSINE	SS REPORT	(UBR)		
DOCUMENT # P01000027600					
1. Entity Name  R & M TRANSPORT OF JACKSONVILLE, INC				FILED	)
				04 OCT -6 AM 11: 13	
DO NOT WRITE IN THIS SPACE				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business  764 AQUA SURF CT  764 AQUA SURF CT  764 AQUA SURF CT			SUBE CT	REMISTATEME	02-04
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For	
ZACKSONVILLE, FLORIDA Zip Country		ZIACKSONVILLE, FLORIDA Zip Country		59 - 370 5974   Not Applicable   \$8.75 Additional	
3222		32225	USA	5. Certificate of Status Desired	Fee Required
			Name _	7. Name and Address of Current Regis	tered Agent
The state of the s	DO NOT W	RITE		ARD E. GREY (P.O. Box Number is Not Acceptable)	
	IN THIS SP	ACE			
764 City			AQUA SURF CT		
				SONVILLE FL 32225	
8. The above	named entity submits this statement to	r the purpose of changing it	s registered office of registe	red agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of recoffered agent a	and title if applicable (NO	TE: Registered Agent signature require	9-30-	0 4
9 This corpo	pration is eligible to satisfy its Intangible	January 1 -	May 1 Fee is \$150.00		
Tax filing requirement and elects to do so.  After May 1; Fee is \$550.00  Amended UBR is \$61.25				<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$5.00 May Be Added to Fees
11.	OFFICERS AND	1	ble to Department of St	ate	
TITLE	PSTD		TITLE		
NAME STREET ADDRESS	MURIELLE GREY 764 AQUA SURF CT		NAME STREET ADDRESS	60004164	1036
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CHY-ST-ZIP	10/06/04 - 01035 - 00	// <b>**</b> 450.JU
TITLE NAME	ND .		TITLE		
STREET ADDRESS	RICHARD E. GREY 764 AQUA SURF CT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322	25	CITY-ST-ZIP		
TITLE NAME +		<b>.</b>	TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY ST ZIP	DO NOT W	RITE
TITLE			TITLE	IN THIS SP	Specificación de la company de
NAME STREET ADDRESS			NAME STREET ADDRESS		<b>AVE</b>
CITY-ST-ZIP			City-St-ZIP		
TITLE			TITLE NAME		
STREET ADDRESS			STREET ADDRESS	$M_{0}M_{0}$	
CITY-ST-ZIP			CITY:ST,ZIP		
NAME			TITLE		
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS -CITY-ST-ZIP		
13. Thereby	certify that the information supplied with	h this filing does not qualify	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furth	er certify that the information
indicated	on this report or supplemental report in	s true and accurate and that nowered to execute this rec	t my signature shall have the	e same legal effect as if made under oath; t 607, Florida Statutes; and that my name ap	nat Lam an officer or director
attachme	ent with an address, with all other that er	mpowered	ort as required by chapter	our, riorida Statutes, and that my hame ap	speara in allock 11 of Great
attachme SIGNAT	ent with an address, with all other like ei	npowered.	on as required by chapter	9-30-04	spears in block 11 or off all



Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

October 5, 2004

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: R & M Transport of Jacksonville, Inc. - Uniform Business Report

Reinstatement

Doc. #: P01000027600

Dear Sir or Madam:

The above referenced Taxpayer never received any preprinted Uniform Business Report for the 2002 – 2004 periods. As soon as the client brought this to our attention we completed the attached form and are mailing with the filing fee. We request your assistance in abating the Late Filing Penalties concerning these periods. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,

James K. Reese, EA

**Enclosures:** 

Check for \$450.00

**Uniform Business Report**