

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

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90191 030 \*\*\*150.00

0032363 AV

DOCUMENT # P01000067553

1. Entity Name  
DOMINY AUTO TRANSPORT, INC.



Principal Place of Business  
~~4090 HODGES BLVD., #703~~  
~~JACKSONVILLE FL 32224~~

Mailing Address  
~~4090 HODGES BLVD., #703~~ 395 Perry Pkwy  
~~JACKSONVILLE FL 32224~~ PERRY GA 31069



2. Principal Place of Business  
203 Busch Dr East  
Suite, Apt. #, etc.

3. Mailing Address  
395 PERRY PKWY  
Suite, Apt. #, etc.  
F2

CHECK HERE IF MAKING CHANGES

City & State  
Jax FL  
Zip  
32218  
Country  
Duval

City & State  
Perry GA  
Zip  
31069  
Country  
Houston

4. FEI Number 59-3725433  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
~~DOMINY, JERRY LEE~~ Linda Powers  
~~4090 HODGES BLVD., #703~~ 6873 East Plum Lake Lane  
~~JACKSONVILLE FL 32224~~ Jax FL 32222

7. Name and Address of New Registered Agent  
Name: ~~Dominy, Jerry Lee~~ Linda Powers  
Street Address (P.O. Box Number is Not Acceptable)  
~~395 PERRY PKWY~~ 6873 East Plum Lake Lane  
#F2 Jax FL  
City: ~~PERRY~~ GA FL Zip Code 31069 32222

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: *Jerry Lee Dominy* DATE: 4/5/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$350.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DOMINY, JERRY L	
STREET ADDRESS	<del>4090 HODGES BLVD., #703</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL 32224</del>	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOMINY, LAURIE L	
STREET ADDRESS	<del>4090 HODGES BLVD., #703</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL 32224</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	395 Perry Pkwy #F2	
CITY-ST-ZIP	Perry GA 31069	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	395 PERRY PKWY #F2	
CITY-ST-ZIP	PERRY GA 31069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jerry Lee Dominy* DATE: 4/5/03 478 987 8956  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)