

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINY, JERRY L 4090 HODGES BLVD., #703 JACKSONVILLE FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOMINY, LAURIE L 4090 HODGES BLVD., #703 JACKSONVILLE FL 32224 <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 395 Perry Pkwy #F2 Perry GA 31069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 395 PERRY PKWY #F2 PERRY GA 31069
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: *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)