

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

FILED

04 OCT 20 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000082411

1. Entity Name

C & B AUTO TRANSPORT, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

ISSIN. KEPLER RD

3. Mailing Address

3207 BRETTON WOODS TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1A

City & State

City & State

DELAND FL

DELTONA FL

Zip

Country

Zip

Country

32724

VOLUSIA

32725

VOLUSIA

4. FEI Number

59-3731149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOHN R. CRAWFORD

Street Address (P.O. Box Number is Not Acceptable)

225 WATER STREET

SUITE 900

City

JACKSONVILLE

FL

Zip Code

32202

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT
NAME	Phillip Cox
STREET ADDRESS	3207 BRETTON WOODS TR
CITY-ST-ZIP	DELTONA FL 32725
TITLE	VICE PRESIDENT
NAME	BERNADETTE COX
STREET ADDRESS	3207 BRETTON WOODS TR
CITY-ST-ZIP	DELTONA FL 32725
TITLE	CEO
NAME	FRANCES BENNETT
STREET ADDRESS	4209 ARBOR OAKS COURT
CITY-ST-ZIP	ORLANDO FL, 32808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Phillip Cox*

Phillip Cox

10/18/2004 336-709-BA24

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6424

CR2E034B (12/02)