FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000082158

1. Entity Name

AIMEE'S TRANSPORT SERVICE, INC.

FILED

2007 JUL 24 AM 11:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8985 County Road 476	8985 County Road 476
Suite, Apt. #, etc	Suite, Apt. #, etc Suite 1
City & State Bushnell, Florida	City & State Bushnell, Florida
Zip 33513 / Country	Zip 33513 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2152903 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22nd Street, 4th Floor

City: Miami **FL** Zip Code: 33145

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. Spiegel & Utrera, P.A.

SIGNATURE: By: Natalia Utrera, P.A. 7-23-07

Signature, type or print 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 NAME STREET ADDRESS CITY ST ZIP	PSD Rovak, Aimee 8985 CR 476 Bushnell, Florida 33513
TITLE NAME STREET ADDRESS CITY ST ZIP	VP Rovak, Timothy S. 8985 CR 476 Bushnell, Florida 33513
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NAME STREET ADDRESS CITY ST ZIP	
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CR2E034B (12/02)

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: Aimee Rovak Aimee Rovak 7-23-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #