

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90045 030 ***150.00

DOCUMENT # <u>PO6000089036</u>	
1. Entity Name	
Preston Auto Transport, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
12776 NW 195th St		P.O. Box 276	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Alachua, FL		Leonardo, NJ	
Zip	Country	Zip	Country
32615	USA	07737-0276	USA

40103145

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For
	20-5208271		Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name		
Michael Preston			
Street Address (P.O. Box Number is Not Acceptable)			
12776 NW 195th St			
City			Zip Code
Alachua			FL 32615

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		11.	
TITLE	PD	TITLE	
NAME	Michael Preston	NAME	
STREET ADDRESS	12776 NW 195th St.	STREET ADDRESS	
CITY-ST-ZIP	Alachua, FL 32615	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	Debora C Reher	NAME	
STREET ADDRESS	123 Maple Ave	STREET ADDRESS	
CITY-ST-ZIP	Belford, NJ 07718-1221	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

Debora C. Reher

Debora C. Reher, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2007

Date

732-769-2235

Daytime Phone #