

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F25605**

1. Entity Name
AUTO TRUCK TRANSPORT CORPORATION

Principal Place of Business
**10444 ALTA ROAD
JACKSONVILLE FL 32226-2302**

Mailing Address
**10444 ALTA ROAD
JACKSONVILLE FL 32226-2302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-1658677**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HOUSTON, ALICE**
STREET ADDRESS **620 WEST SHIPP AVENUE, SUITE A**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE ☐ Change ☐ Addition
NAME **400003441504-8**
STREET ADDRESS **-10/27/00--01007--019**
CITY-ST-ZIP ******550.00 ****550.00**

TITLE **S** ☒ Delete
NAME **HUMMEL, JOHN**
STREET ADDRESS **620 WEST SHIPP AVENUE, SUITE A**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **William A. Kean, Jr.**
CITY-ST-ZIP **620 West Shipp Ave, Suite A**
Louisville, KY 40208

TITLE **V** ☒ Delete
NAME **PORTMAN, MARK**
STREET ADDRESS **4314 39TH AVENUE**
CITY-ST-ZIP **KENOSHA WI**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **William A. Kean, Jr.**
CITY-ST-ZIP **620 West Shipp Ave, Suite A**
Louisville, KY 40208

TITLE **P** ☐ Delete
NAME **GUEST, C. FOREST**
STREET ADDRESS **620 WEST SHIPP AVENUE, SUITE A**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE ☐ Change ☐ Addition
NAME **[Signature]**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 1:44