

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90870 004 ***150.00

DOCUMENT # P93000029694 **DEPARTMENT**

1. Entity Name
NATIONWIDE AUTO TRANSPORT, INC.

DO NOT WRITE IN THIS SPACE

B0054147

2. Principal Place of Business | **3. Mailing Address**

Principal Place of Business & Mailing
5912 New Kings Road
Jacksonville, FL 32209
Duval County, USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0405905

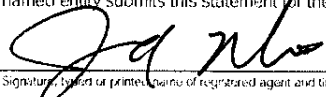
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ~~RAXCO, INC.~~ RAX CO.
c/o James A. Nolan, III
50 N. Laura Street, Ste. 3300
Jacksonville, FL ~~32207~~ 32202

8. The above named entity submits this statement for the purpose of changing its registered agent.

SIGNATURE:  **James A. Nolan, III, VP** **3/18/02**

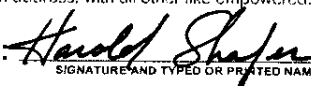
(NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SHAHER, HAROLD A. 5912 NEW KINGS ROAD JACKSONVILLE, FL 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **HAROLD A. SHAHER, PRESIDENT** **3-12-02** **904-766-8500**

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