

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90088 032 ***150.00

DOCUMENT # P94000011770

1. Entity Name

AUTOMOBILE TRANSPORT COMPANY



Principal Place of Business

**1285 CASSAT AVENUE
JACKSONVILLE FL 32205**

Mailing Address

**1285 CASSAT AVENUE
JACKSONVILLE FL 32205**

2. Principal Place of Business

3827 Ortega Blvd.

3. Mailing Address

3827 Ortega Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3222582

Applied For

Not Applicable

Zip

32210

Country

Duval

Zip

32210

Country

Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRILL, PETER JR.

1285 CASSAT AVENUE

JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name

Stoneburner, Gresham R.

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

One Independent Drive

Suite 2000

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/3/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME **D**
STREET ADDRESS **KIRILL, PETER JR.**
CITY-ST-ZIP **1285 CASSAT AVENUE
JACKSONVILLE FL 32205**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3827 Ortega Blvd.**
CITY-ST-ZIP **Jacksonville, FL. 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 904-388-7787

Date

Daytime Phone #

CR2E034 (10/02)