2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000016071 1. Entity Name YO YO MAN'S AUTO TRANSPORT, INC.

FILED May 16, 2001 8:00 am Secretary of State 05-16-2001 90049 044 ***150.00

2. Principal Prece of Business 3. Mailing Address Do Not Wild's IN THIS SPACE City & State City & Ci														
Suite. Apt. if. etc. Suite	191 SHESHE R	RD	s .	P.O. BOX 2171					i e					
Suite. Apt. if. etc. City & States														
City & State Country Country Country S. Cartificator of Status Desired \$83.75 Additional \$80.75 Additional \$80.	2. Principal Place of Business			3. Mailing Address										
Zip Country Zp Country S. Certificate of Status Desired S. S. 55 Additional Fee Required Control Registered Agent 7. Name and Address of Name Registered Agent 8. Name Registere	Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE						
Zip Country Zip Country S. Certification of Status Dealted \$4.75 AndSteinnal Fee Requiredor Fe	City & State			City & State			4. (FEI Number	59-3241	165		<u> </u>	```	7
S. Name and Address of Current Registered Agent HARDY, DUDLEY P 999 N TEMPLE AVE STARKE FL 32091 City FL Zrp 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 General, fuest or present rules of registered agent, and she if explained agent, and she if explained agent, and she if explained agent, or both, in the State of Florida. 9. This corporation is explained to assist the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is explained to assist the statement and explained agent, and she if explained agent, or both, in the State of Florida. 9. This corporation is explained to assist the statement of the statement of the statement and explained agent, or both, in the State of Florida. 9. This corporation is explained to assist the statement of the state	Zip	Country		Zip Cour		itry 5.		Certificate of	Status Desire	ed [3.75 Ad	ditional	1
HARDY, DUDLEY P 999 N TEMPLE AVE STARKE FL 32091 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 Signatur, tiesd or cried time or ingitized agent and time it applicable. 9. This corporation is eligible to satisfy its intangible Task filting requirement and elects to do so After MAY 1, 2001 Fee will be \$55,00	6 Name or		and Address of Current R	enistered Agent				Name and Address of New Registered						
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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 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so Mater MAY 1, 2001 Fee will be \$550.00 Mater MAY 2, 2001 Fee will be	996 N TEMPLE AVE					Street Address (P.O. Box Number is Not Acceptable)								
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 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so Mater MAY 1, 2001 Fee will be \$550.00 Mater MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DYECMANS, JAMES M 183 SHE SHE RD Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P	STAI	RKE FL 320	91											1
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		ertify that the	information supplied with the	nis filing does not qualify for			Section 1	 119.07(3)(i) F	Florida Statuta	es, I furthe	er certify	that the in		1

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 like empowered.

SIGNATURE: January Manager January Jan