

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90097 008 ***150.00

DOCUMENT # **P94000088680**



1. Entity Name
HIGHSMITH AUTO TRANSPORT, INC.

Principal Place of Business **RT 1 BOX 239 3102 EASTWOOD DR EASTWOOD DR BRYCEVILLE FL 32009 US**
Mailing Address **3102 EASTWOOD DR RT 1 BOX 2102 EASTWOOD DRIVE BRYCEVILLE FL 32009 US**



← ADDRESS

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3102 EASTWOOD DR

3. Mailing Address
3102 EASTWOOD DR

Suite, Apt. #, etc.
FL

Suite, Apt. #, etc.
FL

4. FEI Number **59-3285756** Applied For
 Not Applicable

City & State
BRYCEVILLE FL

City & State
BRYCEVILLE FL

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

6. Name and Address of Current Registered Agent
**HIGHSMITH, JOSEPH R
RT. 1, BOX 239
BRYCEVILLE FL 32009**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP | DPST HIGHSMITH, JOSEPH R RT. 1, BOX 239 BRYCEVILLE FL 32009 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
JOSEPH R. HIGHSMITH
PRESIDENT **4-7-03** **904 979-4164**

CR2E034 (10/02)