

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0028295 AV

DOCUMENT # **P94000090050**

1. Entity Name  
**VEHICLE TRANSPORT, INC.**



03 MAY 23 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2911 ST CLAIR ST  
JACKSONVILLE FL 32254  
US

Mailing Address  
5912 NEW KING ROAD  
JACKSONVILLE FL 32209  
US

*[Handwritten initials]*



04/30/03 90096 029 \$150.00

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3311596**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RAX CO**  
**C/O JAMES A NOLAN III**  
**50 N LAURA STREET STE 3300**  
**JACKSONVILLE FL 32202**

Name

**James A. Nolan, III, Esq.**

Street A

**1 Independent Drive**

City

**Suite 2000**

**Jacksonville, FL 32202**

Zip Code

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **DST SHAFER, HAROLD A**  
STREET ADDRESS **5912 NEW KINGS RD**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PD BISHOP, DARRELL**  
STREET ADDRESS **2184 HIDDEN WATERS W**  
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/03 904-766-8545**  
Date Daytime Phone #

CR2E034 (10/02)