

# 001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087584

1. Entity Name

J & J AUTO TRANSPORT, INC.

Principal Place of Business

4843 MAPLEWOOD COURT  
CALLAHAN FL 32011

Mailing Address

4843 MAPLEWOOD COURT  
CALLAHAN FL 32011

2. Principal Place of Business

4843 Maplewood Ct.  
Callahan Fl.  
Suite, Apt. #, etc.  
City & State

3. Mailing Address

4843 Maplewood Ct.  
Suite, Apt. #, etc.  
City & State

Zip

32011

Country

USA

Zip

32011

Country

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3345976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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.

SIGNATURE

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

(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.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 PTD  
NAME MILLER, JOHNNIE L  
STREET ADDRESS 4843 MAPLEWOOD COURT  
CITY-ST-ZIP CALLAHAN FL 32011

☐ Delete

TITLE S  
NAME THORNTON, JUDITH A  
STREET ADDRESS 4843 MAPLEWOOD COURT  
CITY-ST-ZIP CALLAHAN FL 32011

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)