2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700008958

CLANCE, WAYNE D

SUITE 2

(See criteria on back)

SIGNATURE .

11.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

4751 SAN JUAN AVE.

JACKSONVILLE FL 32210

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

CAMPLA, GARY

3975 SCENIC DR

MIDDLEBURG FL 32068

MIDDLEBURG FL 32068

EBRAHIMI, KAMYAR

3975 SCENIC DR

JAGUAR EXPRESS AUTO TRANSPORT, INC.

Principal Place of Business ##################################		Mailing Address P.O. BOX 1149 MIDDLEBURG FL 32050-1149	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

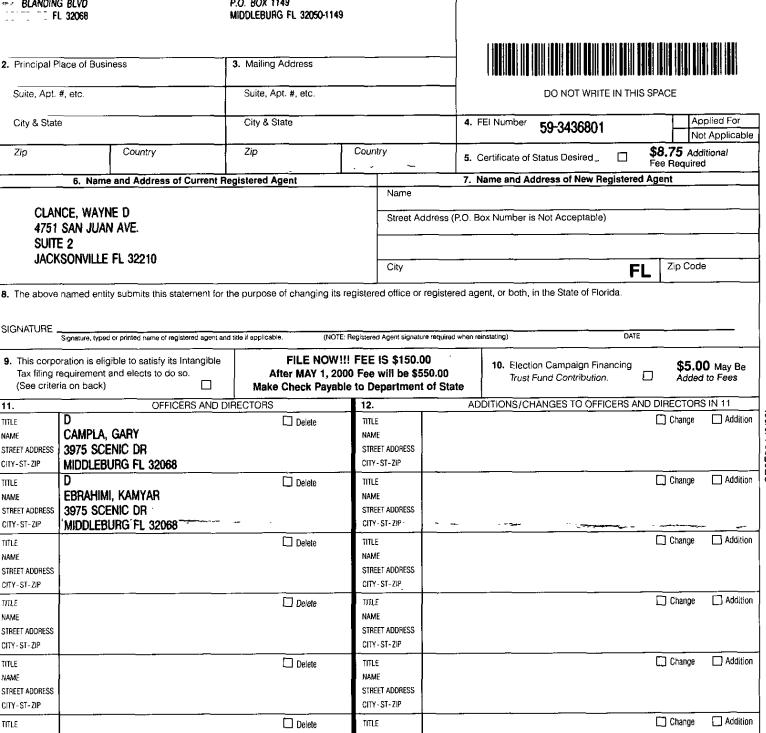
6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILED May 03, 2000 8:00 am Secretary of State

05-03-2000 90087 022 ***150.00



13. I hereby certify that the information supplied with this filling 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 trusted entry wered to execute this report as fequired 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. er like empowered. changed, or on an attachment with an add

CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITI F

NAME

TITLE

NAME STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR