FOR PROFIT CORPORATION.

## FILED Jan 23, 2004 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** P97000038647 DOCUMENT# 01-23-2004 90029 001 \*\*\*150.00 S&S Auto TRANSPORT, INC. DO NOT WRITE IN THIS SPACE 44003993 2. Principal Place of Busines 541735 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable). IN THIS SPACE 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. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. resident A. Self TITLE PhillipA. Self P.O. Box 1568 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Allahan, FL 32011 Vice President TITLE LINDA F. SELF P. O. BOX 1568 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CALLAHAN, FL 32011 CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP-TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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 on an

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

OFFICER OR DIRECTOR

CR2E034B (12/02)

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 8, 2004

S & S AUTO TRANSPORT, INC. P.O. BOX 247 CALLAHAN, FL 32011

SUBJECT: S & S AUTO TRANSPORT, INC.

Ref. Number: P97000038647

We have received your document for S & S AUTO TRANSPORT, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

the fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

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Letter Number: 304A00001224