


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

FILED

03 OCT 27 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>P98000070797</b>	
1. Entity Name <b>R &amp; M TRUCKING TRANSPORT INC</b>	

**DO NOT WRITE IN THIS SPACE**

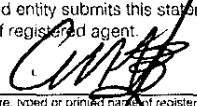
2. Principal Place of Business <b>2810 NE 1 TERRACE</b>		3. Mailing Address <b>2810 NE 1 TERRACE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>POMPANO BEACH FL</b>		City & State <b>POMPANO BEACH FL</b>	
Zip <b>33064</b>	Country <b>USA</b>	Zip <b>33064</b>	Country <b>USA</b>

**REINSTATEMENT** 03

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0857227</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name <b>ROBERT HOFFETT</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>2810 NE 1 TERRACE</b>		
City <b>POMPANO BEACH</b>	State <b>FL</b>	Zip Code <b>33064</b>

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  DATE **10.24.03**

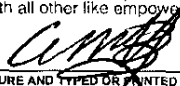
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1, Fee is \$150.00</b> <b>After May 1, Fee is \$650.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE <b>DP</b>	NAME <b>HOFFETT ROBERT C</b>	TITLE <b>500024164495</b>	NAME <b>10/27/03--01049--008 **150.00</b>
STREET ADDRESS <b>2810 NE 1 TERRACE</b>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <b>POMPANO BEACH FL 33064</b>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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**DO NOT WRITE IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE:  DATE **10.24.03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

7/10/27

**R & M TRUCKING TRANSPORT, INC.  
2810 NE 1 TERRACE  
POMPANO BEACH FL 33064**

October 24, 2003

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

REF: R & M TRUCKING TRANSPOR, INC.  
Document#: P98000070797

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

  
Robert C. Moffett

RM/re