

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107126

1. Entity Name

KAIZEN AUTO TRANSPORT, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90082 048 ***150.00

Principal Place of Business

22711 MINES RD
LAREDO TX 78045

Mailing Address

5012 NEW KINGS ROAD
JACKSONVILLE FL 32209

710853



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

50 N. Laura Street

3. Mailing Address

P.O. Box 4099

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3300

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3549268

Applied For

Not Applicable

Zip

32202

Country

USA

Zip

32201

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILTON, JOHN D JR ESQ
ONE INDEPENDENT DRIVE
SUITE 0000
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

RAX CO.

Street Address (P.O. Box Number is Not Acceptable)

c/o Barbara C. Johnston

50 N. Laura Street, Suite 3300

City
Jacksonville

FL

Zip Code
32202

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

Barbara C. Johnston

Barbara C. Johnston, VP

January 30, 2001

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 PD
NAME SHAFER, HAROLD A
STREET ADDRESS 5912 NEW KINGS RD
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Harold A. Shafer*

Harold A. Shafer

904-766-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)