

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108083

1. Entity Name

AJM TRANSPORT, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90383 001 ***150.00

0590424

Principal Place of Business 2311 ROGERS ROAD LAKELAND FL 33813	Mailing Address 12311 EAST CORNELL AVENUE SUITE #23 AURORA CO 80014 US
----------------------------------------------------------------------	------------------------------------------------------------------------------------

80056050



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 91-1942641		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
		83703	USA				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REHER, DEBORA C 2311 ROGERS ROAD LAKELAND FL 33813		Name AL J McPherson Street Address (P.O. Box Number is Not Acceptable) 2311 Rogers Rd City Lakeland FL Zip Code 33813	

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 AL J McPherson DT (NOTE: Registered Agent signature required when reinstating) DATE 4-30-01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCPHERSON, ALEXANDER 2311 ROGERS ROAD LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP McPherson, Alexander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10105 CLAUDIA Rd Boise Id. 83703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST REHER, DEBORA C <input checked="" type="checkbox"/> Delete 12311 EAST CORNELL AVENUE #23 AURORA CO 80014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JUDITH ANN JOHNSTON <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4166 CAMINO DE PALMAS TUSCON Ariz
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AL J McPherson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10105 CLAUDIA Boise Id 83703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: AL J McPherson DT 208 853 9853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)