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FILED
May 29, 2002 8:00 am
Secretary of State
02-05-2002 90087 011 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002827

1. Entity Name
AAA TRANSPORTATION SERVICES, INC.

Principal Place of Business
P. O. BOX 100397
PALM BAY FL 32910

Mailing Address
P. O. BOX 100397
PALM BAY FL 32910

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State: Same
Zip — Country

3. Mailing Address
Suite, Apt. #, etc.
City & State: Same
Zip — Country

4. FEI Number: 59-3559103 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~JACOBY, DAVID H.~~
~~1581 ROBERT J. CONLAN BLVD~~, N.E., S-100
PALM BAY FL ~~32905~~ 10
Jacqueline Hepburn
use this name address c/o P.O. Box 100397

7. Name and Address of New Registered Agent
Name: JACOBY, DAVID H.
Street Address (P.O. Box Number is Not Acceptable): 1581 ROBERT J. CONLAN BLVD, NE, S-100
City: Palm Bay, FL
FL Zip Code 32905

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: Jacqueline Hepburn — 1/16/02
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, 2002 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	VD	☐ Delete
NAME	HEPBURN, OSWALD P	
STREET ADDRESS	1827 JUPITER BLVD SW	
CITY-ST-ZIP	PALM BAY FL 32908	
TITLE	PSTD	☐ Delete
NAME	BELTON-HEPBURN, JACQUELINE D	
STREET ADDRESS	1827 JUPITER BLVD SW	
CITY-ST-ZIP	PALM BAY FL 32908	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: SIGNATURE REQUIRED — 1/16/02 — 321-726-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #