2000 UNIFORM BUSINESS REPORT (UBR)

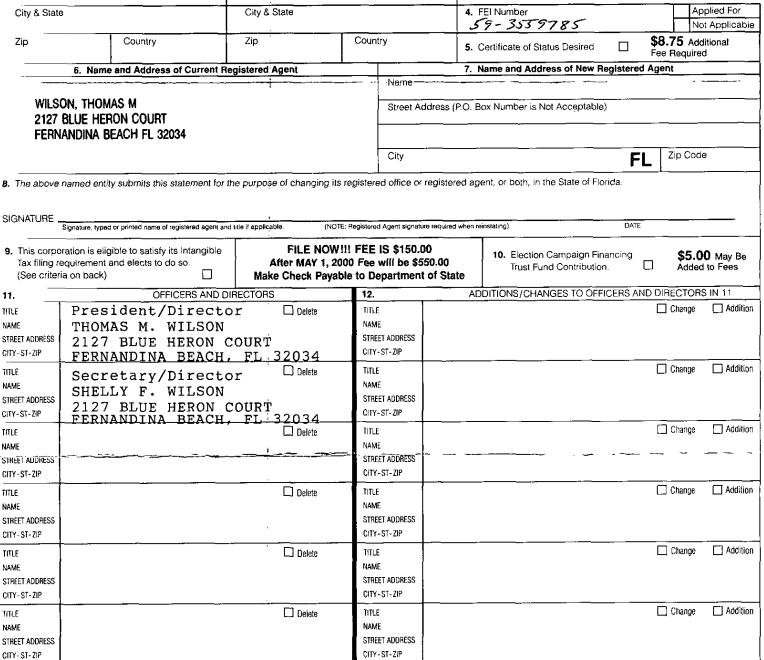
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ISLAND HOPPER AUTO TRANSPORT, INC.

Mailing Address Principal Place of Business 2127 BLUE HERON COURT BLUE HERON COURT FERNANDINA BEACH FL 32034-4475 BEACH FL 32034 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3539785 Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILSON, THOMAS M Street Address (P.O. Box Number is Not Acceptable) 2127 BLUE HERON COURT FERNANDINA BEACH FL 32034 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE ☐ Change President/Director TITLE NAME NAME THOMAS M. WILSON STREET ADDRESS STREET ADDRESS 2127 BLUE HERON COURT CITY-ST-ZIP CITY-ST-7/P FERNANDINA BEACH, FL 32034

FILED Mar 10, 2000 8:00 am Secretary of State

03-10-2000 90032 041 ***150.00



13. I hereby certify that the information supplied with this filling 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:

<u>Thomas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-261-5596