

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90116 013 \*\*\*150.00

**DOCUMENT # P99000021909**

1. Entity Name

**DIRECT AUTO TRANSPORT, INC.**

Principal Place of Business

255 SAN MARINO RD SW  
 PALM BAY FL 32908

Mailing Address

255 SAN MARINO RD SW  
 PALM BAY FL 32908

2. Principal Place of Business

3556 DETROITER DR.  
 Suite, Apt. #, etc.  
 MELBOURNE FL

3. Mailing Address

3556 DETROITER DR.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

Florida  
 Zip 32904 Country USA

MELBOURNE FLORIDA  
 Zip 32904 Country USA

4. FEI Number 59-3564419

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PTC WORLD WIDE, INC.  
 4801 S. UNIV. DR., STE. 119-B  
 DAVIE FL 33328

NEW  
 Address →

7. Name and Address of New Registered Agent

Name PTC WORLDWIDE INC.  
 Street Address (P.O. Box Number is Not Acceptable)  
 13675 UNIVERSITY DR.  
 PLANTATION, FL 33324  
 City FL Zip Code

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

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          | D                    | Delete                          |
| NAME           | LETSCH, ANTHONY J    |                                 |
| STREET ADDRESS | 255 SAN MARINO RD SW |                                 |
| CITY-ST-ZIP    | PALM BAY FL 32908    |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | P/D                | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| NAME           | LETSCH, ANTHONY J  |  |
| STREET ADDRESS | 3556 DETROITER DR. |  |
| CITY-ST-ZIP    | MELBOURNE FL 32904 |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

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 PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/24/01

Date

321  
 258 6438

Daytime Phone #

CR2E034 (10/00)