## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT-(UBR)

**FILED** Aug 04, 2002 8:00 am Secretary of State

08-04-2002 90167 001 \*\*\*150.00

DOCUMENT # P 9		
Direct Auto	-Transport	INC
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DO NOT WRITE IN THIS SPA	ICE .	
2. Principal Place of Business 3. Mailing Address 3565 Detroiter Drive 3565 Detroiter Drive 3565 Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE	<u>-</u>
MELBOURS H MELBORNE	1-L, 59-3564419 Not A	ed For pplicab
3Z904 USA 3Z904	5. Certificate of Status Desired \$8.75 Addition Fee Required  7. Name and Address of Current Registered Agent	———
DO NOT WRITE	Name PTC WOLD WIFE TAC  Street Address (P.O. Box Number, is Not Acceptable)  DCIVE	
IN THIS SPACE		z.ψ
8. The above named entity submits this statement for the purpose of changing its regi		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	istered Agent signature required when reinstating)  DATE	
9. This corporation is eligible to satisfy its intanglole Tax filling requirement and elects to do so.  After May 1, F Amended U	1 Fee is \$150.00 see is \$550.00 BR is \$61.25	
11. OFFICERS AND DIRECTORS		
TITLE  NAME  LOTSCHE ANTHONY J.  STREET ADDRESS  SSGS DETFOHEN DITVE  CITY-ST-ZIP  MELBOLICOL FL. 32904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME DO NOT WRITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP = IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like ampounded. attachment with an ad

CITY-ST-ZIP

972400 P9900002-1904 7/29/02 to whom it may conceased T RECENTLY SPOKE to ONE OF YOUR EMPLOYEES IN PEGENES OF MY 2002 UBR. I HEN I CALLED your Office, they for me they NAD 3556 Detroit or on record For my Appress, Which is not the correct appress o The gentleman I spoke TO SHIP he would MAIL out Another Form for me, AND to send A fetter EXPLAINGING the problem to whive the late Fee. STREET LUTO TOANSPORT INC WHANY LETSCHE 3565 Detroiter DR. Merbourne, Fl 329ay