


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0645263 AT

05-01-2003 90330 024 ***150.00

DOCUMENT # P07687	
1. Entity Name AAA COOPER TRANSPORTATION, INC.	

Principal Place of Business 1751 KINSEY ROAD DOTHAN AL 36303	Mailing Address P.O. BOX 6827 DOTHAN AL 36302
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number 63-0364620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
UNITED STATES CORPORATION COMPANY 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOVE, REID B	NAME	
STREET ADDRESS	1751 KINSEY ROAD	STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL 36803	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGGINS, CHARLES E.	NAME	
STREET ADDRESS	1751 KINSEY ROAD	STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKLEY, JAMES E.	NAME	
STREET ADDRESS	1751 KINSEY ROAD	STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, FRED J	NAME	
STREET ADDRESS	1751 KINSERY ROAD	STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOVE, G. MACK	NAME	
STREET ADDRESS	1757 KINSEY ROAD	STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL 36303	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E. Coggins **Vice President-Administration And Finance** 4/28/03 334-793-2284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #