

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90023 002 ***150.00

DOCUMENT # P07687

1. Entity Name

AAA COOPER TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

1751 KINSEY ROAD
 DOTHAN AL 36303

P.O. BOX 6827
 DOTHAN AL 36302-6827

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-0364620**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
 110 NORTH MAGNOLIA STREET
 TALLAHASSEE FL 32301

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DOVE, G. MACK	
STREET ADDRESS	1751 KINSEY ROAD	
CITY-ST-ZIP	DOTHAN AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	COGGINS, CHARLES E.	
STREET ADDRESS	1751 KINSEY ROAD	
CITY-ST-ZIP	DOTHAN AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARKLEY, JAMES E.	
STREET ADDRESS	1751 KINSEY ROAD	
CITY-ST-ZIP	DOTHAN AL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEARCE, FRED J	
STREET ADDRESS	1751 KINSEY ROAD	
CITY-ST-ZIP	DOTHAN AL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 of 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: _____

Charles E. Coggins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Charles E. Coggins

3-15-2000 (834) 793-2284
 Date Daytime Phone #

Administration & Finance

CR2E034 (9/99)