2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 AM
Secretary of State

DOCUMENT# 456502

Entity Name: LUCAS TRUCK SERVICE CO.

Current Principal Place of Business:

6586 WEST 12TH ST
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

6586 WEST 12TH ST
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-1551603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LINER, JAMES R
7432 DEEPWOOD DR
JACKSONVILLE, FL 32210

Name and Address of New Registered Agent:

LINER, JAMES R
2200 COLLEGE ST
JACKSONVILLE, FL 32204

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: _____ 02/04/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LINER, JAMES R,
Address: 2200 COLLEGE ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: V ( ) Delete
Name: STOVER, THOMAS P,
Address: 320 BAISDEN RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: ST ( ) Delete
Name: ALLEN, KATHRYN W,
Address: 10725 GINA DRIVE
City-St-Zip: JACKSONVILLE, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN W. ALLEN ST 02/04/2002
Electronic Signature of Signing Officer or Director — Date