2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99350

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90052 016 ***150.00

DO NOT WRITE IN THIS SPACE

1. Entity Name

I S WAREHOUSING TERMINAL COMPANY, INC.

Principal Place of Business	Mailing Address
~~% WAYNE STALLINGS~~ PO BOX 5325 TAMPA FL 33675	~~% WAYNE STALLINGS~~ PO BOX 5325 TAMPA FL 33675-5325

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 59-2857807 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~STALLINGS, WAYNE~~
2901 EAST 10TH AVE.
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name: Jeffrey W. Stallings
Street Address (P.O. Box Number is Not Acceptable): 2901 E. 10th Avenue
City: Tampa FL Zip Code: 33605

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] Jeffrey W Stallings, President 4-20-00
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	D	☑ Delete	TITLE	President	☑ Change ☐ Addition
NAME	STALLINGS, WAYNE		NAME	Jeffrey W. Stallings	
STREET ADDRESS	2901 EAST 10TH AVE.		STREET ADDRESS	2901 E. 10th Avenue	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	Tampa, FL 33605	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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] 4-20-00 813/247-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #