FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2001 8:00 am Secretary of State **DOCUMENT # J99350** 1. Entity Name I S WAREHOUSING TERMINAL COMPANY, INC. 01-22-2001 90042 007 ***150.00 Principal Place of Business Mailing Address WAYNE STALKINGS % WATNE STALLINGS **44760000** PO BOX 5325 PO BOX 5325 **TAMPA FL 33675** TAMPA FL 33675 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2857807 IAMPA Not Applicable Country Country \$8.75 Additional 33405 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STALLINGS STALLINGS, WAYNE Street Address (P.O. Box Number is Not Acceptable) 2901 EAST 10TH AVE. **TAMPA FL 33605** AMPA 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete SR2E034 (10/00) TITLE TITLE thesident NAME STALLINGS, WAYNE NAME 901 E 10th Avenue STREET ADDRESS STREET ADDRESS 2901 EAST 10TH AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Resident DIRETOR Change TITLE ☐ Delete TITLE Dottie Stallings NAME NAME 2901 E 10th Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FLA 33605 Secretary Director TITLE - Change - - Addition ☐ Delete ANTHONY ITALIAND 1704 W. Kenedy BIVD TAMPA, FLA 33606 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.