2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 06, 2001 8:00 am DOCUMENT # P0000084799 **Secretary of State** GREY WOLF TRUCKING, INC. 03-06-2001 90337 014 ***150.00 Principal Place of Business Mailing Address 2739 16TH AVE. NORTH 2739 16TH AVE. NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 UU021979 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 3668035 Not Applicable Zip Country Zip _ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, ERNEST N JR. Street Address (P.O. Box Number is Not Acceptable) 2739 16TH AVE. NORTH ST. PETERSBURG FL 33713 Zip Code City 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) 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRESIDENT TITLE ☐ Delete TITLE ☐ Change ERNEST N. CLARK JR. NAME NAME 2739 16TH AVE N. STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT TITLE ☐ Delete TITLE NAME THERESA D. CLARK STREET ADDRESS STREET ADDRESS 2739 16TH AVE N. CITY-ST-ZIP CITY-ST-ZIP PETERSBURG FL ☐ Delete TREASURER 4ddition NAME :-HAISTINE OTTAWA NAME ---38th Ave W STREET ADDRESS STREET ADDRESS 1625 CITY-ST-7IP CITY-ST-7IP PETERSBURG, FL ☐ 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 CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appointed.