2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 24, 2002 8:00 am Secretary of State P97000016105 DOCUMENT # 1. Entity Name HIGHLAND DISTRIBUTION SERVICES, INC. 03-24-2002 90072 012 ***150.00 Principal Place of Business Mailing Address 300 NW PHOSPHATE BLVD. PO BOX 705 MULBERRY FL 33860 MULBERRY FL 33860 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3428498 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - - 6. Name and Address of Current Registered Agent FORE, R. SCOTT Street Address (P.O. Box Number is Not Acceptable) 300 NW PHOSPHATE BLVD. MULBERRY FL 33860 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change ☐ Addition TITLE ☐ Delete TITLE FORE, R. SCOTT NAME NAME 300 NW PHOSPHATE BLVD. STREET ADDRESS STREET ADDRESS MULBERRY FL 33860 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ST ☐ Delete TITLE FORE, JULIANNE NAME NAME 300 NW PHOSPHATE BLVD. STREET ADDRESS STREET ADDRESS MULBERRY FL 33860 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplied entail 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 of the proposed of 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 enduries, with all other like empowered.

R. Scott Fore

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

FILED