2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2000 8:00 am Secretary of State DOCUMENT # 158943 SOUTHERN TRUCK EQUIPMENT SERVICE INC. 03-08-2000 90045 006 ***150.00 Principal Place of Business Mailing Address 1314 W CHURCH ST i3i4 W CHURCH ST ORLANDO FLA 32805-2406 ______FL 32805 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite; Apt: #; etc.~ City & State 4. FEI Number Applied For City & State 59-0600648 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAPP, JERALD C Street Address (P.O. Box Number is Not Acceptable) 1314 WEST CHURCH STREET ORLANDO FL 32805 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE NAME SAPP, JERALD C NAME STREET ADDRESS 103 WAX MYRTLE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD, FL 00000 _ ☐ Addition ☐ Delete □ Change TITLE SAPP. MAUREEN A NAME STREET ADDRESS 3103 KELLY PARK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP APOPKA, FL 00000 ☐ Change Addition TITLE ☐ Delete TITLE SAPP, RODNEY D NAME NAME 1314 WEST CHURCH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 00000 CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE SAPP, RODNEY D NAME 1314 WEST CHURCH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 00000 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR