2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Mar 05, 2002 8:00 am secretary of State DOCUMENT # 254856 1. Entity Name WEST FLORIDA TRUCK BROKERS INC 03-05-2002 90068 039 ***150.00 Principal Place of Business Mailing Address 5500-4 DIVISION DR PO BOX 50460 FORT MYERS FL 33905 FT MYERS FL 33994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0954894 Not Applicable Zip Zio Country 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 PRUITT, WILLIAM KEVIN Street Address (P.O. Box Number is Not Acceptable) 5500-4 DIVISION DRIVE FORT MYERS FL 33905 City Zip Code 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. (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Addition ☐ Delete ANTHONY CARL ALVAREZ NAME NAME STREET ADDRESS 5500-4 DIVISION DR STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33905 CITY-ST-ZIP ☐ Addition TITLE **VDS** ☐ Delete TITLE ☐ Change NAME CAROLYN A POWELL NAME STREET ADDRESS STREET ADDRESS 5500-4 DIVISION DR CITY-ST-ZIP FORT MYERS FL 33905 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME PRUITT, WILLIAM KEVIN STREET ADDRESS STREET ADDRESS 5500-4 DIVISION DR CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33905 TITLE TITLE □ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAMÉ 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

FILED