FILED

1. Entity Name Jan 11, 2001 8:00 am AUSTIN TUPLER TRUCKING, INC. Secretary of State 01-11-2001 90061 006 ***150.00 Principal Place of Business Mailing Address 6570 SW 47TH CT. 6570 SW 47TH CT. FT LAUDERDALE FL 33314 FT LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1426412 Not Applicable Zip Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUPLER, AUSTIN Street Address (P.O. Box Number is Not Acceptable) 6570 S W 47TH-CT FT LAUDERDALE FL 33314 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TILLTE ☐ Change ☐ Addition ☐ Delete TITLE ナル・マコ製造 NAME TUPLER, AUSTIN W NAME STREET ABORESS 3R2E034 STREET ADDRESS 6570 S.W. 47TH CT. CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Addition TITLE Change VD ☐ Delete TITLE TUPLER, GLEN D. NAME NAME STREET ADDRESS STREET ADDRESS 6570 SW 47 CT CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 TITLE ☐ Change ☐ Addition ☐ Delete W TITI F TUPLER, MARC A. NAME NAME STREET ADDRESS 6570 SW_47 CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DAVIE FL 33314 Addition Change TITLE ☐ Delete TITLE TUPLER, RUTH NAME STREET ADDRESS STREET ADDRESS 6570 SW. 47 COURT CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS City-St-Zip

CITY-ST-7IP

TITLE ~

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

DOCUMENT # **406557**

GNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Austin W. Tupler, President

☐ Delete

1-5-01

954-583-0801

ate

Daytime Phone #

Daytime Phone #

☐ Change

☐ Addition