

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90044 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 507446 1. Entity Name NATIONWIDE TRUCKING, INC.					
Principal Place of Business 12600 NW 107 AVENUE MEDLEY, FL 33178 US			Mailing Address 12600 NW 107 AVENUE MEDLEY, FL 33178 US		
2. Principal Place of Business P.O. BOX 267518 Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 267518 Suite, Apt. #, etc.		 ☒ CHECK HERE IF MAKING CHANGES	
City & State WESTON, FL		City & State WESTON, FL			
Zip 33326		Zip 33326			
4. FEI Number 59-1908988			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent ROBLEDO, ANTHONY 9180 NW 36TH ST. STE 100 MIAMI, FL 33166		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL			Zip Code 33326		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when electing.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRICE, WALTER S 12600 NW 107 AVENUE MEDLEY, FL 33178	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST PRICE, WALTER S 12600 NW 107 AVENUE MEDLEY, FL 33178	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
12. 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 appointed to administer the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and signature, if applicable.					
SIGNATURE: RESIDENT 4/15/03 (305) 592-3578 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER AND DIRECTOR					

CR2E034 (10/02)