2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

FILED DOCUMENT # 769609 Apr 21, 2000 8:00 am Secretary of State Entity Name THE OLE TRUCKERS OF BRANDON, INC. 04-21-2000 90126 024 ****70.00 Principal Place of Business Mailing Address P.O. BOX 1281 P.O. BOX 1281 BRANDON FL 33509-281 BRANDON FL 33509-1281 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 59-2375545 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 MANKEDICK_, BOB Street Address (P.O. Box Number is Not Acceptable) FERRIS, NITA 7501-142ND AVE., N. **LOT 597** Zip Code **LARGO FL 33771** 33570 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 9. Election Campaign Financing **\$5.00** May Be Make Check Pavable to FILE NOW: Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME SMITH, BRUCE STREET ADDRESS 9507 SUNNY OAK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP RIVERVIEW FL 33569 ☐ Addition Change DV Delete TITLE TITLE WILLIAMS, BOB NAME NAME MANKEDICK, BOB SOI FAULKENBERG RD. STREET ADDRESS STREET ADDRESS 1015 NEPTUNE DR. CITY-ST-ZIP CITY-ST-ZIP TAMPA **RUSKIN FL 33570** Change Addition TITLE. DT--Delete TITLE MANKEDICK, BOB NAME NAME FERRIS, NITA 1015 NEPTUNE DR STREET ADDRESS STREET ADDRESS 7501-142ND AVE., N., LOT 597 CITY-ST-ZIP CITY-ST-ZIP RUSKIN 33570 LARGO FL 33771 Addition TITLE DS ☐ Delete TITLE ☐ Change NAME GONZALEZ, DAVE NAME STREET ADDRESS STREET ADDRESS 3607 SUGARCREEK DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33619 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an articless, with all other like empowered.