FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # F9900001883 1. Entity Name LOYAL FREIGHT SERVICES INC. 04-06-2001 90007 033 ***150.00 Principal Place of Business Mailing Address 7314 WINDSOR MILL RD 7314 WINDSOR MILL RD HUDSON FL 34667 HUDSON FL 34667 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 59-3547460 Applied For Not Applicable Zip Country Zip 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 Name PRIOR, DONALD W Street Address (P.O. Box Number is Not Acceptable) 7314 WINDSOR MILL RD **HUDSON FL 34667** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PRIOR, DONALD W NAME NAME 7314 WINDSOR MILL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON FL 34667 CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change PRIOR, JUDITH L NAME NAME STREET ADDRESS 7314 WINDSOR MILL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HUDSON FL 34667 ☐ Delete TITLE ☐ Change ☐ Addition TITLE GENRICH, DAVID NAME NAME STREET ADDRESS 1145 17TH ST STREET ADDRESS CITY-ST-ZIP WYANDOTTE MI 48192 CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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: June 17 Jun