## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2001 8:00 am Secretary of State DOCUMENT # F9900005051 1. Entity Name STOCK TRUCKING INC. 04-10-2001 90007 038 \*\*\*150.00 Mailing Address Principal Place of Business 106 TENNESSEE COURT 106 TENNESSÉE COURT AUBURNDALE FL 33823 AUBURNDALE FL 33823 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 36-3487587 City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required - - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOCK, EVELYN A Street Address (P.O. Box Number is Not Acceptable) 106 TENNESSEE COURT AUBURNDALE FL 33823 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition CPST ☐ Delete TITLE TITLE STOCK, EVELYN NAME NAME 106 TENNESSEE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 33823 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE STOCK, THOMAS NAME NAME 106 TENNESSEE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP AUBURNDALE FL 33823 ☐ Change ☐ Addition Dèlete TITLE TITLE\* NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H-6-01 863-984-1934

Date Daytime Phone #